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THE DOCTOR OF FIFTY YEARS AGO.*

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NEW ORLEANS.

The Louisiana State Medical Society at each yearly convention holds one evening session to which it has the honor of inviting the public. Our association is especially fortunate and happy on this particular occasion in sharing with this splendid gathring the celebration of the golden anniversary of its united existence as a medical organization. Fifty years ago through the activities of such men as Chaille, Lewis, Bemiss, Richardson, Layton, Herrick, Solomon, Pratt, Watkins, Logan, Dupree, Friedrichs and many other outstanding and prominent physicians, there was laid the foundation and corner stone of our organization. These pioneers of organized medicine, working against almost unsurmountable obstacles and under the most trying conditions, realized fully that only through the united effort of medical men of high standard throughout the entire state could the most noble and ideal achievements of our profession be consummated. Appreciating fully the glorious work of these splendid physicians of fifty years ago, and with the additional sentiment that my own late father was of their number, it is my earnest desire, with whatever little power the good Lord has endowed me, inadequate as it is, to pay homage and tribute to these path blazers through the dense forest of the practice of medicine as it existed at that time. It is for this reason, I have selected as the topic of my address, the doctor of fifty years ago. Turning back therefore, in retrospection, the calendar years for one-half of a century or to those leaflets marked 1879, we might place ourselves for a short while in the environmental conditions under which they pursued their chosen avocation.

In order to properly compare the situation of the practice of medicine as it exists today with that of 1879, we must consider the subject from various aspects. For example, the conveniences and facilities existing at that period, the educational status of the people, the achievements of our medical science and the scope of its armamentarium in addition to other features relative to that epoch.

As a preamble it seems fitting to touch briefly upon the code of ethics in effect among the profession at that time. In order to emphasize this, I will take the occasion to abstract certain quotations from a copy of their code. It was understood by them that "a physician should not only be always ready to answer a sick call, but must also be mindful of the obligations imposed on its discharge and that the only tribunal to judge his actions and impose penalties on carlessness or neglect was his own conscience. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by particular

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circumstances, should be strictly observed, and with the most scrupulous regard to fidelity and honor. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This choice, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

"The first duty of a patient is to select as medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist: and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

"A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them."

We cannot help but admire and respect these crusaders of medicine for having such high ideals to direct them in the righteous path of medicine.

We physicians of this present age cannot fully appreciate the many difficulties confronting the doctor of fifty years ago in the practice of his profession, especially the country doctor remotely situated from the city. Two great obstacles were outstanding at that time preventing the dissemination of medical progress among the country doctors, namely, the bad roads and the illiteracy existing in the rural districts. We are given an interesting narrative appertaining to these two conditions in the annual oration of Dr. Stanford E. Chaille delivered on April 10, 1879, at a meeting of the Louisiana State Medical Society in which he states: "The tax on time and money of the traveler, from parts of this state to New Orleans, is as great as from this city to New York and another serious obstacle to our success is presented by the deplorable fact that in this state about one-sixth of the white and seven-eighths of the colored voters, in fact, more than half of all the voters cannot write their names. Hence the education of every citizen, black as well as white, is of infinite importance to the success of this society, as of every other interest of the state." We might mention here that the doctor practicing in the city was not affected as much as the country doctor by these conditions. As far as the roads were concerned he was able to practice rather comfortably by means of the horse and buggy whereas the doctors in the country had to utilize many different modes of conveyances in answering the call of the sick, such as the horse and buggy, horse-back riding and the man-powered wood boats, in the forms of the skiff and the pirogue. As an example of the slowness of these modes of travel and also illustrating the handicap in which the country doctor was often placed, I wish to recite an authentic case occurring at this period as reported by Dr. R. H. Day of Plaquemines in 1879. Dr. Day states: "On the eighth of February, 1879, about 10 p.m. I was called to visit in the country, distant ten miles, a colored boy named Charles Norman, about 16 years of age, said to be cut

in the abdomen. The night being dark and the roads in bad condition, I did not reach the house where the wounded boy was lying until 10 a. m. of the ninth. Obliged to make the trip on horse-back, I could take with me no instruments except my pocket case, and no medicines except a vial of chloroform and one of morphine. My pocket case contained no sutures or thread of any kind and only ordinary suture needles. I was confronted with a formidable injury consisting of a cut into the abdominal cavity with an incised wound of the stomach. Having no fine silk ligature nor carbolized catgut with which to sew up the rent, the question presented to my mind was whether to sew up the stomach with Coates coarse cotton thread, or return it unsewed and endeavor to approximate the cut edges and immobilize it by the compress and roller. I decided to take the latter alternative and the happy results demonstrated the wisdom of my decision." We can appreciate from this citation the adverse conditions under which Dr. Day was obliged to work and also that it took him twelve hours to travel a distance of only ten miles, averaging less than a mile an hour. In my personal experience with country practice as recently as twenty-five years ago, I made a call one night, leaving home about 8 p. m. traveling by pirogue through the marsh of South Louisiana a distance of about five miles. I did not reach my destination until 1 a. m., consuming five hours in making the trip. Today this same trip is made in fifteen minutes by physicians traveling in automobiles over a gravel road, paralleling the canal in the marsh through which I previously traveled.

The doctor of today is fortunate in having an excellent system of gravel roads that spread to the remotest parts of Louisiana making the practice of medicine as alluring, comfortable and safe in the country as in the cities. In addition to this it will not be long before many of our roads will be hard surfaced, thus intimately connecting the country doctor with his fellow doctor in the cities.

We are told that there were but 287 practising physicians in New Orleans in 1878, of which 93 were irregulars. The 195 regular physicians were called upon to combat a terrible epidemic of yellow fever. New Orleans with a population at that time of 210,000 had 10,717 deaths from all causes and 4,056 of these were from yellow fever. It is not surprising that Dr. S. M. Bemis, Vice President of the State Medical Society, on April 9, 1879, delivering the President's address in the absence of the President, said: "that the people from Maine to Texas were anxious and alarmed, that the people of Louisiana were looking to the doctors of this state for protection." Dr. Bemis further said: "We must be mindful of the fact that other agencies exist in our midst which wage incessant war upon human health. First to be named is malarial poison. I take it to be strictly true, that no considerable area in this state is exempt from this poison. Whilst the laws which govern its evolution are well understood, we are powerless to intercept its development because the measure of drainage positively necessary to this end cannot at present be undertaken. It may be hoped that at no very distance day sanitary surveys may be ordered under the supervision of the National Board of Health, looking to the arrest of malarial diseases in this state." He also spoke of the unsanitary condition of New Orleans, which was at the time called the "Plague Spot of the Nation." He stated, however, that it is within the compass of human exertion to render this city as healthy as any other similarly situated, as regards climate and local surroundings. "It might be regarded as wise," he goes on to say, "to appoint committees to report at our next meeting upon the sanitary state and requirements of various of our larger cities and towns and even rural localities." It would appear therefore that the doctors of fifty years ago were instrumental in a large measure as pioneers in starting the sanitary machinery calculated to eventually remove the stigma of New Orleans, from

the "Plague Spot of the Nation" to one of the healthiest cities in the world. If the conditions were as bad as pictured here in New Orleans with a semblance of organization, what must it have been in the state, without organization. In the year 1878, according to Augustin's History of Yellow Fever, there were 36,320 cases of yellow fever with 5,397 deaths in the State of Louisiana. After enduring this appalling calamity the doctors realized that in order to make their fight against disease more effective it was necessary that they organize a State Medical Society which was accomplished in the year 1879.

STATE MEDICINE.

It is pathetic to relate that during these trying times there were in New Orleans, 93 irregulars or quacks practicing medicine, plying their trade on the innocent public, hence the need of state medicine. We note with interest that a committee of physicians were appointed with medical recommendations to the Constitutional Convention, asking that the legislature shall provide for the interest of State Medicine in all of its departments: for public hygiene or preventive medicine, for medical education, institutions for the sick and infirm, for medical jurisprudence, and for the establishment and maintenance of a State Board of Health and Vital Statistics for the whole state, in order to protect the people from all contagious and infectious diseases. At the same time steps were instituted to eliminate all unqualified practitioners of medicine from Louisiana.

Time has answered many of these recommendations and we must admire the foresightedness of these wise physicians. We can with pride point to our State Board of Health as ranking with the very best in the land and which has been responsible in a very large measure to the healthfulness of the State of Louisiana. In addition to the health board a State Board of Medical Examiners was established with the purpose of licensing duly qualified physicians to practice medicine and prosecute all violators of the medical practice act thus protecting the people of this state against quacks and isms.

Fifty years ago Dr. Chaille propounded the following questions that deserve consideration at this time. "When will Louisiana have such a General Hospital as has Massachusetts, so excellent that even the wealthiest of the state seek its pay wards for their relief?" In answer to this question we can at present point with pride to our own Charity Hospitals. So highly are these hospitals regarded that even our wealthy people seek admission. This, of course, is unnecessary and deplorable as it serves only to deprive some of those unfortunates who are really deserving of free services.

Again Dr. Chaille asks, "When will Louisiana make such provisions for its insane that tender hearts will cease to be shocked by the necessity of confining these poor unfortunates to our jails and prisons?" We find an answer to this question fifty years later in our present State Institutions for the Insane. We have here in Louisiana several state institutions for this purpose where insanity is being treated and at times cured and wherein they are utilizing the most modern and scientific methods, employing a corps of expert physicians who devote their entire time to the study and treatment of those unfortunate human beings. Through such activities of our people we are proud to say that at this time the jails of Louisiana are not filled with the insane as they were years ago. These institutions stand as gigantic monuments to the sound judgment of our citizens and the great confidence which they demonstrate toward our medical profession.

MEDICAL EDUCATION.

From the standpoint of medical education existing in our state fifty years ago it is interesting to note what Dr. C. J. Bicham stated in an address on medical education delivered in 1880 before the Louisiana State Medical Society. "I am proud to say that the Medical Department of the

University of Louisiana now 48 years since its first organization, has always held itself equal to the first, has maintained in all respects a dignified position, and has been held in high esteem by the very best schools and faculties of the land. It has from the first occupied high ground, taken from rank, and has nobly maintained it to the present. Her faculties have always been highly respected both in this country and abroad."

It can be seen from Dr. Bicham's statement that the Tulane Medical School had already been in existence for nearly half a century prior to 1879. This school as we all know has grown to such wonderful proportions that it occupies a foremost position among the medical colleges of the world. There is no doubt that its existence during the early period formed a most substantial stimulus to the medical achievements of the profession not only in the city of New Orleans, but in the state of Louisiana and even to the entire Southland. As a matter of fact many of the faculty constituted not only charter members of our society but were prime movers and organizers. One of its eminent professors, Dr. Ernest Lewis, is still a member of our organization and we recall with delight the wonderful admiration held by our city and profession for this noble man as shown by the demonstration given him a few years ago on the occasion of the celebration of his sixtieth anniversary of medical practice.

It affords me great pleasure and honor, to add that we have here with us tonight as one of our speakers of the evening, a man who was a student of Tulane Medical School, while not quite so far back, at least shortly thereafter: a man, whose activities, wonderful mind and outstanding achievements, have formed a perfect bulwark and beacon light to the local profession—aside from the fact that his accomplishments have placed his name among the foremost surgeons of the world, bringing glory to our city and state. I pronounce his name with reverence, respect and love, Dr. Rudolph Matas.

MEDICAL ACHIEVEMENTS.

It is through the enumeration of the distinctive advances made in the field of medicine in the last several decades, that one can realize the great aids and facilities of which the doctor of fifty years ago was deprived. From the diagnostic standpoint, he was obliged to rely almost entirely upon his power of observation and his skill of physical examination. While there is no doubt, he had developed these later to a high degree, nevertheless there were limitations beyond which he could not extend.

In order to do justice to the program of medical accomplishments of the present day as compared to fifty years ago, it would necessitate employment of much more time than I feel it is my privilege to use. I must therefore merely enumerate certain of the more important facilities and discoveries through which our present medical fraternity are better able to diagnose, treat and cure the ills of mankind.

From the standpoint of preventive medicine the advent of various vaccines and serums against such diseases as typhoid, tetanus, diphtheria and the refinements in Pasteur treatment and smallpox vaccination, have been of very great value.

In the field of diagnosis of diseases, innumerable advantages have come into every day use which were unknown fifty years ago. The most valuable information is now possible through the laboratories of pathology, bacteriology, radiology and physiological chemistry. These wonderful facilities of which the doctor of old was almost entirely deprived, are now serving as a most valuable aid in the recognition and diagnosis of disease. In this manner efficient treatment may be applied thereby preserving and prolonging human life. It is probable that in this particular field of diagnosis the profession of today is most fortunate as contrasted with our fellow practitioners of fifty years ago. At present,

throughout the state there are available laboratory facilities which has rendered practical the accurate diagnosis of cancer, tuberculosis, malaria, syphilis, typhoid and innumerable diseases.

From the medical treatment aspect, many most valuable agents more recently discovered are now at our disposal such as serums for diphtheria, meningitis, radium as employed in the treatment of malignancy and other conditions, emetin in amebic dysentery, salvarsan in syphilis, insulin in diabetes and many other remedies of lesser importance.

From the surgical standpoint, the advances and facilities of today as contrasted with those of fifty years ago are most awe inspiring. The improvements in asepsis, the inventions of operative instruments, and in general the present equipments of the modern surgical hospital are advances that have done much in aiding our present surgical progress. The operative technique and operations devised are sufficient to fill up volumes in the literature. The skill and capacities of our modern surgeon and the results obtained by them have saved many lives and rendered previously hopeless conditions now easily conquered. Such conquests would no doubt have been achieved by the doctor practicing in 1879 had he been so fortunate as to have possessed our present armamentarium and equipment. It was not that he was lacking in skill and acumen but that the progress of his era had not reached the achievements of the present period.

Although it is true that we are celebrating on this occasion the semi-centennial anniversary of our state medical organization, it is nevertheless but meet and proper that we commemorate and honor those responsible for its very organization It is for this reason, that I have endeavored through these remarks to call attention to the hardships and strife under which our fellow confrere of fifty years ago practiced his profession He is entitled to our grateful remembrance and is worthy of a monument upon which should be etched an epitome of his noble life dedicated to the service of his fellowmen. We cannot pay sufficient tribute to that gallant, brave and chivalrous doctor who practiced his profession quietly and without ostentation amidst almost unsurmountable difficulties and performing acts of heroism that might well be emulated by the physician of this time and day.

THE OLD ATTAKAPAS COUNTRY AND MEDICAL SOCIETY.*

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OPELOUSAS, LA.

On receiving the invitation of the Committee of Arrangements, through the courtly chairman, Dr. Gelpi, it was coupled with the admonition, "Time limit, ten minutes," naturally suggesting the couplets:

"Mother may I go to swim today?
Yes, my darling daughter,
Go hang your clothes on a hickory limb,
But don't go near the water."

Paul Gelpi says:

"You must speak tonight
For ten minutes of our precious time.
Then sew up your darn'd mouth hard and tight,
And tell us the rest in pantomine."

Hence these pictures—this map of the Attakapas, showing its topography and boundries, this Rembrandt of its heroine, Evangeline, one-half of whose face reflects love's bright young dream, while hope springs eternal in her lovely breast, the other half, adumbrated by the sinister misfortune, following her failure to find Gabriel, the blacksmith; the other painting, after Murillo (and there are many others after her), represents the modern Evangeline, in carnival evening dress, *i. e.*, "a

*Read before the Louisiana State Medical Society, Semicentennial Celebration, New Orleans. April 9, 1929.

dress that is suited to Eve"; the photograph represents Dolores Del Rio in the character of Evangeline. The great mistake made by the unfortunate maiden was not in falling in love with a doctor instead of a son of Vulcan, she might have avoided the vulcanizing of her heart strings, the din of the anvil chorus of "Sweet bells jangling out of tune," and sing, instead, "Home, Sweet Home," "Rock-a-By, Baby," or "Father, dear father, come home with me now, the clock in the steeple strikes two," and then—alimony. But there is no accounting for the taste of women, *"De gustibus non disputandum."*

But a truce to badinage and in all seriousness, since it took the Great Architect of the Universe six aeonic days to complete the superb work of creation, how in the reason can it be expected of a mere mortal, in ten minutes, to do justice to the Attakapas — the finest hundred square miles on the planet. As a matter of course, it is not intended to assert that the Attakapas is more fertile than the valleys of the Mississippi, the Red, Nile, Ganges, Tigris, Euphrates, Orinoco, Amazon, or any other tropical delta, nor healthier than a mountain resort. To do so would be to write oneself Kish's ass, on a par in mentality with the three drunken students on their way from a "speak easy," when they encountered a venerable cleric on his way to church, and forgetting that deference due to his age and calling, with ribald laughter addressed him as follows: "Good morning, Father Abraham," said the first; "Good day, Father Isaac," pip'd the second; "Good night, Father Jacob," hiccuped the third. The venerable, taking in the situation, with a twinkle in his eye replied with dignity: "I am neither Abraham, Isaac, nor Jacob, but Saul the son of Kish. I have been sent to find my father's asses and behold I have found them!" The facts it is desired to convey are these: That the Attakapas in fertility, climate, salubrity, meterological conditions, navigable rivers, water, rail, bus, and auto transportation on good highways, educational advantages, churches, lodges of all denominations, religious and political toleration, good government, hunting, fishing, and trapping, mineral wealth, citrus, fig, pecan and other orchard potentialities, truck, dairy and poultry farming, hospitality, scenery, with a background of romantic history, present a congeries of advantages, a group of fortuitous conditions and a wealth of raw materials unequaled on God's green footstool. Gleanings of the annual waste of raw material would enrich an empire.

The Attakapas gets its name, which means "man eater," from a tribe of cannibals who once dominated the section. This fierce tribe was exterminated in precolonial days by a coalition of Opelousas, Alibamons and Chocktaws, who divided the conquered territory between them, reserving hunting, fishing, and trapping rights, throughout the territory, which is composed of bluff and lowlands, heavily wooded, abounding in game, alluvial prairies, resting on a clay foundation, long leaf piney woods and sea marsh, the entire area reticulated with rivers, bayous, streams and fresh water lakes, all abounding in fish; brakes of the wood eternal—"Over head the towering and tenebrous boughs meet in a dusky arch and trailing mosses in mid air wave like banners that hang on the walls of ancient cathedrals." The prairies are dotted with islands of oak, china gum, and pecan. Why even horse hair grows on the trees. The moss when cured becomes the vegetable horse hair of commerce, has a high value, and yet the raw material can be had for the getting.

Every foot of this vast area is cultivable, including swamp and sea marsh when reclaimed, the latter when rid of the C. solicitans and protected by a sea wall would provide a Riveria unequaled by the Bay of Biscay for surf bathing, not to speak of citrus orchards of "Louisiana sweets" alongside of which the finest sun-

kist product of California would be apples of asphaltum, and Florida's boasted product as insipid as an ancient flapper's desicated kiss. All the staple crops of the temperate and sub-tropical zones, truck, nuts, flowers, fruits, flourish here. Lands cultivated for a century and a half with a rotation from cotton to corn and cane to rice, and back again, without fertilization, and then turned to grass quickly recover, some of these grasses not only fatten stock but flavor, stock keeps seal fat all year without shelter, in despite of the tick; rid of the latter, there are no finer pastures in the world; some of these grasses would make paper stock; this with the luxuriant cornstalk in a "Cellulose Age" is a valuable future asset; the "grass grows more in a night than in a Nova Scotia summer," and yet there are fewer grass windows than down East. So great is the recuperative power of the soil, that in a few fallow years it responds to wild nitrogen gatherers and the tickling hoe bringing forth a normal increase; underneath the surface is an inexhaustible, potable water supply at a depth of from 30-300 feet, supplying the towns and irrigation plants.

Gas is found not only in the hookworm clubs and the political arenas but throughout the territory suitable for illumination and fuel purposes; petroleum of varying asphaltum and parafin bases underlies the area, encroaching on the gulf where pools are formed affording safe anchorage for storm-stressed vessels; there are vast deposits of pure chloride of sodium and sulphur, the greatest in the world. These two bases of organic chemistry are pleading for the establishment of chemical and pharmaceutical factories from the Calcasieu to the Atchafaylaya rivers.

The fur industry is so great that you may readily infer that fur dealers in pursuance of the fur trade might go further and fare worse. One parish alone (Iberia), made one shipment of half a million dollars. The fur industry of Louisiana amounts to seven and a half million dollars.

The fishing possibilities, both fresh water and deep sea, are incalculable: perch, trout, flounder, Spanish mackerel, redsnapper, gaspagoo, pompano, turtles, shrimp, prawns, oysters, crabs, crawfish, blue channel, spoonbill cat, the Louisiana salmon, open up a vista of piscatorial possibilities and bivalvelar values that stagger belief, they could be made to pay the State debt and run the public schools without further iniquitous taxation of lands, homes, and industries—"a consummation devoutly to be wished." Fanned by the iodized breezes of the gulf, there is no extreme of climate, in summer averaging 80 degrees, rarely above 95 degrees Fahrenheit, seldom below 32 degrees in the winter, and then only for a few days, a variation of 5 to 10 degrees between noon and midnight, rainfall 50 inches, cooler in summer, warmer in winter than any other part of the gulf coast, in the same latitude.

Its greatest asset, an extraordinary immunity from gulf hurricanes, tornadoes, and cyclones, the reason assigned: that a branch of the Gulf Stream parallels the coast line reaching its northern approach to land at mouth of Calcasieu Pass, supplemented by a chain of fresh water lakes from five to forty miles inland. To the north, stretching to the foothills of the Ozarks are vast forests of long-leaf and other pines, oak, gum, hickory, magnolia, pecan, elm, walnut, and other hard woods; so, when the blustering, blinding breezes, and biting, blistering, bitter blizzards of old Boreas start on a rampage, they split on the Ozark wedge, the right flank tearing through Oklahoma and Texas on the wings of the dreaded norther, the left wing hurtling through the funnel of the Mississippi Valley, leaving the Attakapas in the trough, warmer in winter than any part of the United States and cooler in summer than any part under an altitude of 2000 feet, California and Florida possibly excepted. On the hottest days, it is pleasant in the shade, always when the gulf breeze blows; in the dog days of summer a cool

night's rest can be obtained in a southern exposure, even alongside a nagging wife. The population is composed mainly of the descendants of the Acadians, brutally expelled by the British from Grand Pre, N. S., in the eighteenth century, with Spanish, Canadian, Canary Island, Cape Verde, San Domingo, Martinique, and continental French infused under Spanish and French regimes, together with a strong Celto-Germanic strain, that came in with the American occupation in 1803; the resultant product is a sturdy, hospitable, law-abiding, God-fearing race, industrious in peace and veritable devil dogs in war, that finds its highest development in its beautiful women, who have ever excited the admiration of poets, painters and statesman like Charles S. Parnell, who declared that the women of the Attakapas were the most graceful riders and dancers in the world—this, of course, before the auto-flapper age.

The medico, or any lesser mortal, traversing this area at eventide, when the shadows lengthen and the lights begin to glow, may be refreshed by the sight of some fair daughter of Evangeline at a latticed window, inhaling the gulf breeze or in pious meditation, or perhaps chewing the cud of sweet reflection or gum, as she recites the litany of love; in such event, he would be less than human (married or not), if he failed to paraphrase Cyrano in his impassioned rhapsodies to the fair Roan, or the amorous apostrophies of Romeo to the lovely daughter of the Capulets:

"But soft!
What light through yonder window breaks:
It is the East and Evangeline is the Sun!
Arise, fair sun, and kill the envious moon
Who is already sick and pale with grief
That thou, her maid, art fair more fair than she.
See how she leans her cheek upon her hand.
Oh! that I were a glove upon that hand
That I might touch that cheek.
Or even a Culex Solicitans, or a plebian fatigans,
That I might browse upon that cheek;
Or sip the nectar from those ruby lips.
Why even an anchorite in whom the *ignis in ossa* was extinct
Would perforce sit up and take notice.
'For ne'er did Grecian chisel trace
A finer form or lovlier face
Than the Lady of the Attakapas Lakes.'"

In sum: Everything is found in the Attakapas requisite and necessary for wealth, health, prosperity and happiness of a people.

If some sudden cataclysm were to wipe out every vestige of vegetation and civilization, leaving the Attakapas as bare as a fashion flapper, and an analysis made of the soil and the meteorologic records for a decade published and the land thrown open to pre-emption, there would be such a rush of home-seekers beggaring the exodus of the Hebrews to the Promised Land, or the tide of gold-seekers to California, Yukon, and the diamond fields of Africa. For

"Beautiful the land with its prairies and forests of fruit trees
Under the feet a garden of flowers and the bluest of heavens
Bending above and resting its dome on the walls of the forest,
They who dwell there have named it the Eden of Louisiana."

An Eden with never an adder of discontent to strike at the human heart; with never a serpent of Intolerance to wind its slimy coils around the mind and conscience, every man voting his convictions and worshipping his God according to his conscience, without let or hindrance, cavalier by tradition and custom, untainted by the praise-God bare bones hypocracy of the Round Head.

In all ages and climes the alluvial as contra-distinguished from the barren hill country and desert, was ever the richest, with a higher civilization, broader culture

and greater dynamic force, coupled, alas! with those sinister forces that break down the mortal fibre, mainly as a result of urban concentration, "Where wealth accumulates and men decay." As in ancient Greece, Rome, Persia, China, Hindoostan, Sumeria, Egypt, Assyria, Chaldea, Babylonia, and other Messopotamian Empires. The Attakapas, like the rest of the old South, in despite of its wealth and luxury escaped the contagion, mainly by reason of its youth and ruralism, living closer to Nature and Nature's God. In such an atmosphere and environment, it is easy to understand there grew up a body of robust, self-reliant, independent, medical men, who early exhibited a high order of talent and a profound knowledge of the science and art of medicine, as far as it had then progressed, men like Blanchet (uncle of Homer Dupuy), McGuire, Cook, Tarleton, Campbell, Cunningham, Mudd, Sanders, Leslie, Hopkins, Trahan, Solange, Duperier, Betourney, Thomas, Estorge, Littell, Gates, Young, Tolson, Girard, Tilly, Lynch, Mamboulet, Hunter, Francez, Sabatier, Carsten, King, Smiths and a host of others, many like Souchon and Pratt developed in other fields, the majority classically educated in American and foreign universities; all well read not only in the current medical literature, but in the medical classics; 'twas a feast of reason to hear Blanchet speak of French classics, Trousseau at his finger's tips, and McGuire and T. A. Cook discussing the identity of all forms of ancient and primitive medicine, Sumerian, Egyptian, Greco-Roman, tracing the slow evolution from the Byzantium, Mohammedan and Jewish periods to the mediaeval night of all science and its awakening in the dawn of the Renaissance (1453-1600 A. D.) on to the age of individual scientific effort in the seventeenth century to the age of theories and system in the eighteenth century, together with the organized advancement of medicine in the nineteenth century, anticipating the general recognition of preventive medicine in the present century. They all had the oath and aphorisms of Hipocrates, not only in their heads but in their hearts, their ethical standards were higher than prevail today, never a taint of commercialism. They were the first to realize the necessity of medical organization in Louisiana and founded in the Attakapas Medical Society in 1846, the oldest medical body in the State. They were the first to endorse the principle that the highest duty of the physician is prevention, hence the necessity and duty of educating the people in the cause, nature and prevention of contagious and infectious diseases in man and domestic animals, with special reference to yellow fever and tuberculosis, the intercommunicability of bovine and human tuberculosis long antedating the Tuberculosis International Congress in Washington, D. C., committing the mistake (for want of means) of unanimously passing resolutions to print the salient facts of tuberculosis in several languages for free public distribution, and then failing to do so, a fault later committed by this body wiithout the same excuse. Under their auspices the first illustrated public lecture on hygiene under medical auspices was delivered. Their fee bill established eighty-two years ago still obtains. It is a great pity that the papers and archives of this venerable body have long since disappeared. One of their ex-presidents, Dr. W. W. Lesley of Lafayette Parish, recently, at the age of 85, crossed the Great Divide and joined the silent majority; few are left of the Old Guard.

"Strange, is it not, that of the myriads who
Before us pass the door of darkness thro,
Not one returns to tell us of the road
Which, to discover, we must travel, too?"
"The Moving Finger writes, and having writ
Moves on. Nor all your piety and wit
Can lure it back to cancel half a line,
Nor all our tears, wash out a word of it."

Mr. President, in memory of the old Attakapas Medical Society, the Louisiana State Medical Society at its golden anni-

versary, under your able administration, is presented with this gavel, made from the wood of the Evangeline oak, garnered by the President of the Evangeline Park Association, and this sounding block of oak from the groves that furnished the skeletons of the Constitution and other fighting frigates of the Navy, both fashioned by Louis Gossclin, of Opelousas, a distant relative of Evangeline. May its resounding taps ever find a responsive echo in the heart of every medical man, in this Society's calls to order in its efforts to lift medicine to a still higher ethical and scientific plane; and may this relic be ever a reminder of the pioneer work of the Attakapas Medical Society in medical organization and public instruction in hygiene and State Medicine—"Lest we forget, lest we forget."

THE INFLUENCE OF PLAQUEMINES PARISH ON EARLY ORGANIZED MEDICINE IN LOUISIANA.*

H. E. BERNADAS, M. D.,

NEW ORLEANS.

"And a little child shall lead them."

I would like very much to assure the two stout gentlemen, who have eased themselves down in their chairs preparatory to church sleep, "And a little child shall lead them" is not the text of a sermon.

It is a quotation—a quotation so apt that it was impossible to pass it up. Even at the risk of putting some sermon sleeper to rest.

My colleague, the silver tongue orator from the Attakapas, has so fundamentally impressed his parish claim for recognition, following the cholera epidemic of 1847-48, as the pioneers of organized medicine in 1849, that it seems futile with my limited ability to impress upon you that we are today celebrating the fiftieth anniversary of organized medicine in Louisiana, therefore, that it was organized in 1878-1879, not '49.

As I have prefaced, "And a little child shall lead them."

Plaquemines Parish, population today about 12,000 people, the child, in size, amongst the parishes of Louisiana, led them. It had been organized as a medical society since 1875, passed resolutions in 1876 and 1877 that Parish Medical Societies in Louisiana should be organized as a Louisiana State Medical Society, and forthwith following the 1877 meeting resolutions, a call was issued for the Parish Medical Societies to meet in New Orleans, at the University of Louisiana Medical Department, on Monday, January 24, 1878, for the purpose of organizing a State Medical Society.

The committee appointed by Plaquemines Parish Medical Society for the publicity of this invitation was composed of Drs. J. B. Wilkinson, D. R. Fox, and G. A. B. Hays, three of the most prominent of the older medical practitioners of the Parish. Drs. Fox and Hays later became presidents of the Louisiana State Medical Society.

The Shreveport Medical Society, which had backed the suggestions of the Plaquemines Parish Society in 1877, played a prominent part in the foundation of the Louisiana State Medical Society.

Plaquemines was represented at the convention in 1878 at New Orleans by Drs. D. R. Fox, J. B. Wilkinson, C. P. Wilkinson, W. B. Booth and G. A. B. Hays.

These pioneers of medical organization in Louisiana were hardy men, firm patriots and good doctors. Following an epidemic of yellow fever, they saw the wisdom of organization so as to muster all available medical knowledge in a solid, workable mass, at the disposal of any medical mind.

*Read before the Louisiana State Medical Society, Semicentennial Celebration, New Orleans, April 9, 1929.

One wonders why a desire for medical organization originated in the parishes instead of the City of New Orleans.

In retrospect, it may be that just after the war there had been a great deal of bitter feeling among the physicians of New Orleans, and because of this hostility recourse was frequently had by New Orleans physicians to the "code duello" to settle misunderstandings either fancied or real. This was long before the day when Jack Dempsey and Tex Rickard had popularized the Marquis of Queensbury rules, so realizing that the settling of grievances by the sword or pistol frequently meant the loss of one or two lives, it is probable that the doctors of the country parishes refrained from this costly method of settling their disputes, so as to keep their membership intact, because as you know, it takes more than one person to form an organization.

Well! I will say that it did take more than one person to form an organization. That is—before the days of Volstead. Before Volstead it was impossible for one man to become thoroughly organized all by himself.

I would that I had the beautiful oratory of my friend, Dr. Mayer, that I might lavish praise, not upon the beauty of the Parish of Plaquemines which is scoured and sometimes flooded by the mighty Mississippi for its entire length of 85 miles, but to paint for you the quality of mind and soul of these medical men who trod the soil of Plaquemines Parish and labored among the sick, while striving, yearning and working so that parish medicine might become organized in Louisiana, in one great organized State Medical body.

Because they, my friends, were the children of "The little child who led them."

A HISTORY OF THE SHREVEPORT MEDICAL SOCIETY.*

F. S. FURMAN, M. D.,

SHREVEPORT, LA.

Shreveport was incorporated in 1837, but the town was merely an outpost at the head of navigation of Red River for many years, and it was not until the decade between 1840 and 1850 that the settlement of Northwest Louisiana became more than a few isolated plantations in widely separated localities.

At about this period, the first body of medical men to meet in North Louisiana met in Shreveport and organized the North Louisiana Medical Society with Dr. Bartholomew Egan of Mt. Lebanon as president. The name of this society was changed to the Shreveport Medical Society and meetings were held at more or less regular intervals until the outbreak of the Civil War, when many of the members entered the Confederate Army.

Upon the close of the Civil War, the Shreveport Medical Society was reorganized, and monthly meetings were held. The regular meetings of the society were interrupted in 1873, when Shreveport suffered from an epidemic of yellow fever that was more devastating to the city than the Civil War had been. Many members of the Society died of the disease but on account of the loss in population, the doctors who survived, appear to have been sufficient for the needs of the community for there were no accessions to the Society till after 1880.

After the cessation of the yellow fever epidemic of 1873, the Medical Society began to meet again regularly and has continued to do so up to the present time. Books of minutes and a history of the Shreveport Medical Society were compiled by Dr. J. E. Griffen about 1890. Unfortunately these

*Read before the Louisiana State Medical Society, Semi-centennial Celebration, New Orleans, April 9, 1929.

books have been lost, so that I have relied for my data on memory.

This history showed that from the beginning, the Shreveport Medical Society took an active and leading part in all matters pertaining to the welfare of the community and inaugurated or advanced all legislative matters pertaining to better sanitation. Together with the other medical societies of the state, the Shreveport Medical Society was active in having a law passed creating a State Board of Medical Examiners and a State Board of Health.

During one of the early epidemics of yellow fever when Shreveport was still a frontier town, a prostitute converted her house into an emergency hospital and became for the time being a nurse. This was the first hospital in Shreveport a few years later, the State established the Shreveport Charity Hospital.

In 1889, when I was an interne in this hospital, it was housed in a frame house having four large rooms and a kitchen, one bedroom for the internes, one an operating room, a room for white women patients and one for negro women. There were two log houses, one for negro men and one for white men. The nursing was done by a negro man and one woman assisted by the convalescing patients. Dr. D. M. Clay was surgeon in charge. There was no visiting staff, but the doctors of the town frequently came out with the visiting surgeon.

An excellent custom, which I regret to say has fallen into disuse, was that of serving a toddy to the visiting surgeons upon their arrival and another before they left.

The Doctors Allen had an infirmary in an old log house in the city, these were the only hospitals in Shreveport prior to 1890.

Perhaps the most eminent figure in the Shreveport Medical Society in the early days was Dr. J. C. Egan. He was born in Virginia and moved to Louisiana some years before the Civil War. Dr. Egan probably performed the first laporotomy in North Louisiana when he operated for extra uterine pregnancy, immediately before or after the Civil War. He entered the service of the Confederate Army at the outbreak of the Civil War and was in command of the hospitals of the Trans-Mississippi Department. Upon the close of the war, Dr. Egan returned to Mt. Lebanon. During the reconstruction period he served in the legislature. The late Col. D. F. Boyd, for many years president of the Louisiana State University, said that it was due to Dr. Egan's initiative and management that negroes were kept out of the University at this time and a separate school was established for them.

When a white government was finally established and his services no longer needed, Dr. Egan retired from politics and removed to Shreveport where he became very active in the practice of medicine and all matters pertaining to public health. He was a member of the first Board of Medical Examiners and resigned from that to become a member of the State Board of Health.

One of the most conspicuous services that he rendered to his city as well as his last, was his service in inaugurating a campaign to rid the city of mosquitoes. Although nearly 90 years of age, Dr. Egan accepted the theory of transmission of yellow fever by the mosquito. In 1905, there were many cases of yellow fever brought to Shreveport from nearby towns and were treated in an emergency hospital especially prepared for the treatment of these cases. This hospital was under the management of Dr. G. C. Chandler. There was no spread of the disease in the city, owing to the efficiency of the mosquito campaign.

Dr. Egan retired from practice in 1905 and died a few years later. The society has continued to flourish during this century and upon this country entering the world war furnished a generous quota of its members to the medical corps of the army and navy.

THE UNITED STATES PUBLIC HEALTH SERVICE IN THE STATE OF LOUISIANA.*

WILLIAM COLBY RUCKER, M. D.†

NEW ORLEANS.

When one starts to talk about history, it is a good deal like the road to Lafitte. A traveller, fearing that he lose his way, stopped at a wayside cottage and asked if the road which he was on would take him to Lafitte. The cottager replied: "M'sieu, zat road she take you anywhere, Washington, Philadelphia, New York, Boston, San Francisco, Denver." When one starts to follow the road of history, it will take him almost any place.

On an occasion like this when your Society is celebrating its semi-centennial—fifty years of golden service to the people of this State and humanity at large—it is pleasant to view in retrospect the road which we have travelled together and to imagine the beauties of the way which lies before us.

For one hundred and twenty-five years, lacking a few days, the United States Public Health Service has worked in the State of Louisiana. It has been the companion of this Society throughout its entire existence. Shoulder to shoulder with its brave citizens, it has fought "the jaundiced handmaiden of the Antilles." When plague, when cholera, when smallpox threatened the life and commercial prosperity of this State, it has worked in cooperation with you. It has treated the sick and bound up the injured. It has excluded disease; it has taken over the care, treatment and study of leprosy and when the turbulent Mississippi devastated your rich lands, it has turned disaster into triumph by the establishment of rural health units which will bring to this State lasting prosperity, happiness and length of days. Out of this prolonged and intimate association, there has grown a deep and abiding mutual respect and friendship and when an officer of the Public Health Service is ordered to Louisiana, he feels that he is coming home.

But there is a deeper tie of kinship between us, since the founder of the Service was an adopted son of Louisiana and one of her most distinguished citizens. Edward Livingston, then a Representative from New York, introduced and guided through Congress the bill which, on July 16, 1798, created the Marine Hospital Service. As the result of financial disaster, Edward Livingston, destined to become one of America's greatest jurists, a Senator, a Secretary of State and finally an ambassador to France, moved to New Orleans just about one hundred and twenty-five years ago. Three years previously, Mr. Evan Jones, a native of Philadelphia but then a Spanish subject living in New Orleans, petitioned the American Secretary of State, urging the erection of the U. S. Marine Hospital at this Port, pointing out that large numbers of American seamen died here yearly on account of the insufficient accommodations of the Spanish Poor Hospital. So effective was his letter that on May 5, 1802, Congress appropriated $3,000 and authorized the President, with the assent of the Government having jurisdiction, to provide the means necessary for the relief of sick and disabled seamen of the United States at the Port of New Orleans.

In May, 1804, Dr. William Barnwell of Philadelphia came to New Orleans with the equipment necessary for a hospital, rented a building which he fitted up and began his work. During the two years which elapsed between the passage of the Act and his arrival, beneficiaries were treated at Charity Hospital. It is impossible, on account of the limitations of time, to give in detail what happened subsequently. Suffice it to say, that the story is one of constant endeavor against many odds, of the high ideals which have ever characterized the profession of medicine, and running

*Presented at the Semi-Centennial Celebration of the Louisiana State Medical Society, April 9, 1929, New Orleans, La.

†Surgeon, United States Public Health Service.

through the fabric of the tale, there are the bright and pleasing threads of romance.

Dr. Blanquet took over Dr. Barnwell's duties in 1807. In 1809 the makeshift hospital was vacated and for the next forty years patients were treated at Charity Hospital. It is not quite certain from the records available just how long Dr. Blanquet served but in 1831 Dr. John McFarland was in charge and in 1841 Dr. James Ritchie took over the work. In 1837 Congress appropriated $70,000 for the erection of a hospital in New Orleans. This was completed at a cost of $122,772 and occupied in 1849. This hospital was located at McDonough on a lot 350 feet square and had 269 beds. It was continuously occupied until February, 1861, and in December of that year was almost completely destroyed by the explosion of a great store of Confederate gunpowder. In 1866 the property was sold for $300.00 which does not appear to have reached the United States Treasury. In 1843 Dr. C. A. Lutzenburg, one of the first teachers in the Medical College of Louisiana, replaced Dr. Ritchie. Five years later Dr. John I. Ker was in charge. He was succeeded by Dr. P. B. McKelvay who, in turn, was replaced by Dr. Hammond Mercier in 1853. Dr. Mercier only served from April to September when Dr. Howard Smith took charge and so remained until 1858, when Dr. Ker again took the office and held it until February 28, 1861, when the hospital was closed. An old record book contains an entry for that day: "So endeth the old Marine Hospital. Peace to her ashes."

It had long been apparent that the hospital at McDonough was in danger of being engulfed by the Mississippi River and in 1855 a new site was purchased. This was the plot of ground now occupied by the Parish prison, at that time, a most insalubrious location, but upon which an enormous monstrosity of cast iron was erected at a cost of more than $500,000. It was never occupied by the Service as a hospital. It was used by Confederate troops, by Butler's soldiers, as a Freedman's Hospital, as a Parish Insane Asylum, as a House of Refuge and as a habitation of negro squatters. Repeated attempts were made to sell it to the City but the succession of mayors repeated the familiar formula that the City had no funds. In 1877 a junk dealer offered $30,000 for the buildings and grounds. In 1896 the City bought it for $25,000.

Up to 1870, the Marine Hospital Service, of which the Public Health Service is the heir-at-law, was a national organization operating as a series of districts. It had no mobility and little cohesiveness as a federal body. However, some of the best medical men our country has ever seen were connected with it. In 1870 it became evident that it must assume a more truly national character and after the passage of appropriate laws, it was re-organized by the first Surgeon General, John M. Woodworth. The men who succeeded him, Hamilton, Wyman, Blue and Cumming, have added to its usefulness and Congress has increased its functions from year to year until at present it is an organization which touches with its beneficent finger every nook and corner of our land.

The first officer to be stationed in New Orleans under the new regime was Surgeon E. Hebersmith, who served here from 1870 to 1874 when Surgeon Orasmus Smith took charge. In 1875 Surgeon John Vansant relieved him. It was during the smallpox epidemic of 1877 that the Service did its first epidemic work in this State. During the yellow fever epidemic of 1878 Surgeon R. D. Murray, who was then in charge, played a most important role. From 1870 to July 1, 1882, wards were rented at Hotel Dieu; from 1882 until April 21, 1885, when the new hospital was occupied, wards were rented in Touro Infirmary. As early as 1877 it was evident that a Marine Hospital was necessary but a Congressional appropriation was not obtained until 1882. A site was acquired in March, 1883; work began on the new station in January, 1884, and was completed on April 7, 1885. This hospital occupied the site on which the present hospital is located and consisted of

an administration building, two wards, three sets of quarters, a mess hall and a number of dilapidated slave cabins which are still in use. Judged by modern standards, it could not have been a very pleasant statiion at that time. The grounds were badly drained; the wards had no other heating arrangements than open grates; drinking water was obtained from cisterns; sewage was drained into cesspools and then pumped across the levee into the Mississippi River. For years the personnel and patients contracted malaria there; the roads leading to the reservation were impassible in weather; aside from the remains of an orange grove, there were no trees; the reservation was surrounded by a palisade of pine slabs, driven into the ground without supporting posts. This crude fence blew down with every heavy storm and patients who desired to absent themselves without formality kicked down a slab or two and walked out. But a succession of Commanding Officers devoted themselves to improvement. A beautiful brick wall and wrought iron fence enclosed the property, electricity replaced the kerosene lamps, new wards were added, adequate heating apparatus was installed and water and gas piped to the reservation. There was an "operation" room in the executive building; a sterilizer for dressings and instruments occupied part of the hall. Gasoline furnished the heat but following an explosion, kerosene was substituted. It is unfortunate that time does not permit the recitation of what each Commanding Officer did. All that can be done is to mention their names. Hebersmith, Orasmus Smith, Vansant, Keyes, Murray, Hutton, Austin, Armstrong, Godfrey, Carter, Goldsborough, Gassaway, Sawtell, Wertenbaker, A. C. Smith, J. H. White, Liddell, Van Ezdorf, Corput, Ebersole, Williams, H. F. White, Rucker.

Many men afterward to become famous served here as junior officers, Henry R. Carter, the discoverer of the extrinsic period of yellow fever; John Guiteras, the first Minister of Health of new-freed Cuba; M. J. Rosenau, Dean of the Harvard University School of Public Health, and many more. Of the internes who served, mention can be made only of three.

On August 31, 1891, the official record states: "Interne John J. Archinard resigned. Mr. Archinard has been a very useful and unusually industrious interne. His ready usefulness, ability and invariable good humor are much appreciated. He would occasionally forget or overlook some duty but not more so than other younger (or older) men may be expected to do."

On April 30, 1893, there is this entry: "Interne Joseph T. Scott, Jr., resigned this date. Began service September 13, 1891, a very useful, hard working and excellent young man."

The other interne to be noted is J. F. Groenevelt, who was later to die of yellow fever contracted in line of duty. He was not the only one to so lose his life, Interne Thomas Barnard having died of the disease on October 18, 1858.

Early in the '70s a relief station of the Service was established at Shreveport, La. It continued for more than twenty years under the direction of a succession of most excellent local physicians.

In 1870 Congress officially recognized the fact that the exclusion of disease from abroad was a proper function of the federal government. On account of certain constitutional difficulties, however, this could not be done until each of the States had voluntarily ceded its quarantine rights to the general government. Louisiana operated her own quarantines until April 1, 1907, when the heroic von Ezdorf took charge of the Quarantine at the mouth of the river. His successors were Corput, Fountleroy, Faget, Williams, Turnipseed and Eskey.

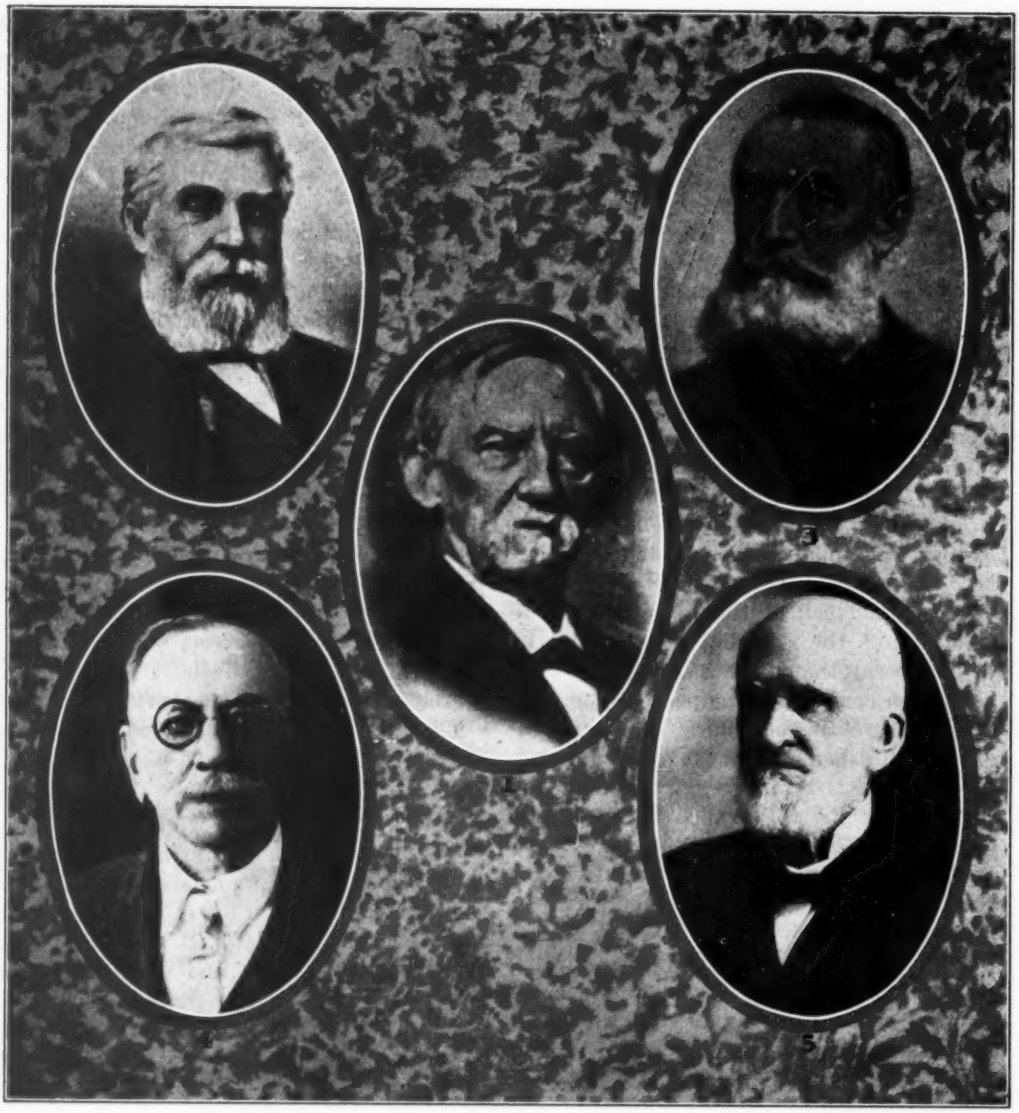
For many years leprosy constituted an increasingly difficult interstate problem and in 1917 Cogress recognized the duty of the general government in the care, treatment and future investigation of the disease. In 1921 the Louisiana Leper Home at Carville was purchased from the State and under

the command of Surgeon O. E. Denney, has expanded and is at present a model of its kind, bringing relief to hundreds of sufferers and holding out the hope that eventually this mutilating monster may be banished from our soil.

The prevention of the interstate spread of disease became a function of the general government in 1893 and when in 1905 yellow fever made its appearance in this City, Louisiana asked the cooperation of the federal Health Service in its extermination. Little need there is to tell you the story of that victorious campaign which was conducted under the able leadership of that veteran foe of pestilence, Surgeon J. H. White. A campaign in which Bacon, Eustis, Leckert, Maes, the lamented Moss, Gessner, and many others enlisted under the yellow banner of our corps unselfishly sacrificing their personal interests to the public weal. It is enough to say that the State, the City and the Nation conjointly stamped out the pestilence before the beginning of frost and forever banished yellow fever from the United States. Similarly, when bubonic plague made its appearance in 1914, the cooperative efforts of the national and local Governments with the whole-hearted support of the citizenry snuffed out the pestilence which walketh in darkness and striketh at noon-day, rat-proofed New Orleans at the expense of millions of dollars, thereby insuring that never again shall the black tants and paralyze its industry.

For many years the Public Health Service has worked hand in hand with the State and Parish health authorities in the extension of rural health service to the country dwellers in this State. Stimulated by the terrible conditions succeeding upon the flood of 1927, the State Board of Health and Surgeon C. V. Akin have so pushed this work that eventually there will not be a parish in this broad and fertile State which does not throw about its people those safeguards which promote health, increase usefulness, induce prosperity and lengthen life. Coincident with the growth of the nation and the advances in curative and preventative medicine, the Public Hospital Service has grown in a way all of its operations in function and usefulness and both at home and abroad benefits Louisiana. Thus, the pellagra work of Lavinder and Goldberger, the tularemia researches of Francis, the trachoma demonstrations of McMullen, the conquest of typhoid by Lumsden, the endemic typhus studies of Maxcy, the goiter surveys of Olsen, and a myriad of other works have all reacted to the welfare of this State. Every time a disease-bearing ship receives treatment in an American port, every time an immigrant is examined by a Public Health official in Europe, every study at the Hygienic Laboratory, every effort to prevent and cure drug addiction, every rural health demonstration, malaria control measure, cancer study, industrial hygiene investigation, every one of the multitudious things which the Public Health service does daily in the protection and promotion of the national health protects and promotes the health of Louisiana.

So much for the past; what of the future? That it looks bright no one can gainsay; the archaic Marine Hospital is being replaced by a modern structure; a new Quarantine Station is to be built at New Orleans; the National Leper Home is growing daily in size and usefulness; the rural inhabitant of the State receives increasing health protection. That the same happy relationship between the Federal Health Service, the people of Louisiana and its medical profession will continue, there can be no doubt. Our taproots are so intermingled in the soil of tradition and pleasant memory that they can never be torn out, and just as this Society looks forward to a bright future of ever-growing usefulness to the people of Louisiana, so does the Public Health Service envision a future strengthening of those generous ties of friendship which bind us indisolubly together and an expansion of the ways in which the guardian of the Nation's health may upbuild yours.



Group of distinguished founders and organizers of the Louisiana State Medical Society whose services were commemorated at the semi-centennial celebration held in New Orleans on April 9-11, 1929.

(1) Dr. Stanford E. Chaillé, of Orleans. Chairman of the Committee on Organization and Legislation of the Louisiana State Medical Society during the first ten years of its existence.

The main spring and "father" of the organization.

(2) Dr. Samuel M. Bemiss, of Orleans. Chairman of the preliminary convention of 1878 and acting President of the first regular session of the Society in 1879.

(3) Dr. T. G. Richardson, of Orleans. President of the American Medical Association (1878) and Chairman of the Committee of Arrangements for the State Medical Convention of 1878. A leading spirit in creating the State Society as a unit of the National Association.

(4) Dr. Ernest S. Lewis, of Orleans. Honorary Fellow and only living Signer of the Convention of 1878.

(5) Dr. Janes C. Egan. Delegate from the Shreveport Medical Society and the first President of the Louisiana State Medical Society (1879).

Roll of Honor in commemoration of the eighty members of the medical profession who assembled in the Preliminary Convention held in the Medical Department of the University of Louisiana at New Orleans, on January 14, 1878, to organize the Louisiana State Medical Society.

THE LIST OF DELEGATES WHO ASSEMBLED FROM ORLEANS AND THE COUNTRY PARISHES AT THE CONVENTION OF JANUARY 14, 1878, IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUISIANA TO ORGANIZE THE LOUISIANA STATE MEDICAL SOCIETY.

ASCENSION.—Dr. E. R. Connell.

BOSSIER.—Drs. J. T. Davis, N. T. Dillard, Thomas J. Vance.

CADDO.—Drs. W. T. Whitworth, John J. Scott, W. Hilliard, W. W. Ashton, R. A. Gray, Thomas J. Allen, A. A. Lyon, J. C. Egan, A. R. Booth, T. G. Ford, D. M. Clay.

CARROLL.—Dr. J. L. Davis.

DE SOTO.—Dr. W. S. Frierson.

EAST BATON ROUGE.—Drs. J. W. Dupree, A. B. Williams.

EAST FELICIANA.—Drs. O. P. Langworthy, L. G. Perkins.

IBERIA.—Dr. G. P. Minvielle.

IBERVILLE.—Drs. J. Larcade, A. B. Snell, P. S. Postell.

MOREHOUSE—Dr. J. D. Hammond.

NATCHITOCHES.—Dr. S. O. Scruggs.

ORLEANS.—Drs. S. M. Bemiss, Samuel Logan, C. J. Bickham, M. E. Schlater, Joseph Holt, W. P. Brewer, A. B. Miles, Henry Bezou, J. C. Carter, T. G. Richardson, S. E. Chaille, George K. Pratt, Howard Smith, E. S. Drew, H. D. Schmidt, A. Chastant, A. G. Friedrichs, M. Schuppert, A. R. Gourrier, J. C. Beard, L. F. Salomon, S. L. Henry, E. T. Shepard, J. J. Lyons, Joseph Jones, C. H. Tebault, E. S. Lewis, J. A. G. Fisher, H. A. Veazie, J. P. Lehde, J. M. Watkins, P. C. Boyer, F. B. Gaudet, Samuel Choppin, J. P. Davidson, Thomas Layton, W. G. Austin, L. A. d'Estrampes, S. S. Herrick, W. S. Mitchell, J. C. Faget, C. Faget, E. Loeber, J. B. Davis, H. Steinau.

OUACHITA.—Dr. W. Sendel.

PLAQUEMINE—Drs. D. R. Fox, J. B. Wilkinson, C. P. Wilkinson, W. B. Booth, G. A. B. Hays.

ST. MARY.—Dr. C. W. Smith.

REMARKS IN PRESENTING A STEREOPTICON EXHIBIT OF THE PORTRAITS OF THE FOUNDERS AND PRESIDENTS OF THE LOUISIANA STATE MEDICAL SOCIETY.*

RUDOLPH MATAS, M. D.†

NEW ORLEANS.

In considering the historical aspects of this celebration as these have been presented by the distinguished speakers who have preceded me, it seemed fitting that on this auspicious occasion I should supplement the commemorative addresses that you have just heard by a tribute to the memory of the founders and to the distinguished men who, in the succession of the past fifty years, have held the reins of the presidential office in this society. It is proper that the men of the present and the coming generation in our organization should not only learn to give a proper valuation to the services rendered by the presidents and their accomplishments but with their personalities as visualized in their portraits. To the historian of social, professional, political and other groups which enter into the composition of every organized society, a biographic study of its leaders in the progressive evolution or involution of each group, affords some insight, not merely into the type of the men chosen by the group to execute their will and to represent their interests, tendencies and activities, but it also suggests the motives and tendencies of the group or collectivity in determining its choice of leaders. The Louisiana State Medical Society is a medico-social institution, and, as such, is no exception to the rule that the complexion of an organization, its developmental status and the influences that dominate its government in the different periods of its existence, is reflected in the type and character of the men whom the electors select as their executive representatives. For this reason a biographic study of the presidents of the Louisiana State Medical Society is of interest and importance in connection with the chronological record of its proceedings and transactions, as a guide to the policies and objectives that prompt the electors in their selections and also in estimating the achievements accomplished by the elect, during their term of office. It would be interesting and no doubt profitable to survey the progress of this society during the semi-centennary of its existence viewed in the light of the data furnished by the annual messages of its forty-eight presidents. But this review, illuminating and instructive as it might be to the members interested in the history of the society, would be out of place on this public occasion and at this hour when it would be an unpardonable abuse of your indulgence if I were to subject you to a recital that you can read more leisurely in print when the semi-centennial history of the state society is published.

I will therefore confine myself to a rapid presentation of the portraits of the founders of this society and those of the forty-eight presidents who in succession have been elected to this office from Dr. James C. Egan, the first president elected at the organizing convention of 1878 to Dr. Frank T. Gouaux of Lockport, the president elect for 1929-1930.

This is the first time that a complete portrait gallery of the founders and the presidents of this society has been assembled and exhibited. It is a task that I have assumed as a duty in connection with the history of the first semi-centennial of its existence which the Society has entrusted to me. Though it would seem a comparatively easy task to gather and assemble the portraits of the men who have flourished in so recent a period as that embraced by the past fifty years, and particularly of men of sufficient distinction to

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†Chairman of the Committee on History, Louisiana State Medical Society.

have been elected to the presidency of a representative State organization,—I have had far greater difficulties in obtaining them than I had ever anticipated when I first approached this enterprise. In fact, the acquisition of some of these portraits has entailed an amount of correspondence and research among relatives and friends, as well as old journals and newspapers, that is scarcely conceivable in this era of universal photography and omnivorous portraiture,—an age when it is almost impossible for any one to peep through the windows of publicity without finding himself instantly transformed into a target for the ubiquitous reporter and his camera. However, the difficulties which I have encountered in obtaining some of the older photographs and prints have only served to emphasize the need and importance of the quest; for I am quite sure that in many instances, a delay of this research for another decade would have been fatal to the success of the undertaking. In this connection I need scarcely emphasize the importance of portraiture as a part and parcel of biography. In spite of the fallacies that underlie the interpretations of the physiognomy, we judge of age, of health and disease, of race, of character, and of the esthetic, ethical and intellectual attributes of the individual by the outward characteristics stamped upon the lineaments of the face. In spite of all its deceptions and disguises, humanity still clings to the belief in the "*vultus ac frons animi janua*",—the face and the brow are the gateway to the mind, — and instinctively looks to the countenance as "the mirror of the soul". Right or wrong, this universal belief accounts for the human interest and insatiable curiosity that attaches to portraiture as an external, objective, visualization of the personalities whom we have come to know only through repute or the record of accomplishment, and, as in the case of our presidents, when their portraits are considered and scanned, in relation to their life activities and personal characteristics.

But apart from all these somewhat digressive considerations it is more to the point to say that this exhibit of the portraits of the founders and presidents of the Louisiana State Medical Society has been prompted by the three fold desire: (1) to assemble and preserve the portraits of the men whom this society has honored with its trust and confidence as its chief executives and who, in many instances, have given distinction to this office by their eminence and prestige; (2) to resurrect the portraits of a number of worthy and estimable men from unmerited oblivion in the lost records and fast vanishing family albums in which they have been buried; (3) to lighten the burden of the future historian of this society by assembling, reproducing and completing a pictorial gallery which was hitherto inaccessible and unavailable for the history of this society during the struggling and most difficult period of its existence.

In endeavoring to accomplish this purpose, the pleasure that I have derived from the task has fully compensated for the labor, time and expense involved in this compilation and arduous quest.[1]

(Following these remarks the portraits were projected on the screen in the following order, with such brief comments as the limitations of the program would permit).

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[1] These remarks apply with even greater force to the collection of over 300 portraits of the presidents, secretaries, and delegates of the 29 constitutent parish medical societies, including the 36 presidents and the 18 secretaries of the Orleans Parish Medical Society, which have been collected and reproduced in uniform size for the semi-centennial history of the Louisiana State Medical Society as this was exhibited in typewritten and advanced, but yet unfinished, form to the House of Delegates on April 9, 1929.

List of The Founders and Presidents of The Louisiana State Medical Society During the First Semi-Centennial of Its Existence, Including Dr. E. S. Lewis, The Only Living Delegate of the Eighty Who Attended the Organizing Convention Held in New Orleans on January 14, 1878.

STANFORD EMERSON CHAILLE (1830-1911): A.M., Harvard; M.D., University of Louisiana, 1853; Dean of the Tulane University of Louisiana, 1895-1908; Demonstrator of Anatomy, 1858-1867; Lecturer on Obstetrics, 1865-6, and Professor of Obstetrics, 1876; Professor of Physiology and Pathological Anatomy, 1867-1908; author of the constitution and by-laws of the Louisiana State Medical Society, 1878-9; chairman of the committee on State Medicine, 1879-1886; chairman of the committee on Judiciary, 1887; annual orator, L.S.M.S. 1879.

SAMUEL MERRIFIELD BEMISS (1821-1884): M. D., Medical Department, University of New York, 1846; Professor of the Practice of Medicine, the University of Louisiana, 1866-1884; temporary chairman of the convention of 1878, establishing the Louisiana State Medical Society; first vice-president, 1879; presiding officer in the absence of President J. C. Egan at the first annual meeting of 1879; chairman of the committee on publication in 1879; chairman of the committee on reports and essays at the convention of 1878.

TOBIAS GIBSON RICHARDSON (1827-1892): M. D., the University of Louisiana, 1848; Professor of Anatomy, 1858-1872; Professor of Surgery, 1872-1889; Dean of the Medical Department of the University of Louisiana, 1865-1885; President of the American Medical Association, 1877; chairman of the committee of arrangements for the anniversary, 1878-9; chairman of the Judiciary committee, 1879; chairman of the committee writing the circular letter which was sent out through the State notifying the profession of the formation of a State Medical Society.

PRESIDENTS

JAMES C. EGAN, Shreveport: (1823-1912); M. D., University of New York, 1846; President in 1879, at the age of 55 years; survived his presidency for 34 years; in general practice, with an interest in public health; health officer for Shreveport and vice president of the Louisiana State Board of Health.

JAMES W. DUPREE, Baton Rouge: (1842-1906); M. D., New Orleans School of Medicine, 1871; President in 1880, at the age of 37 years; survived his presidency for 27 years; in general practice, a naturalist, and authority on the mosquitoes (culicidae) of Louisiana; Professor of Anatomy and Hygiene, Louisiana State University, 1878; Surgeon, Louisiana State University, 1890; yellow fever expert.

C. M. SMITH, Franklin: (1826-1901); M. D., University of Pennsylvania, 1847; President in 1881; at the age of 54 years; survived his presidency for 21 years; in general practice.

A. A. LYON, Shreveport: (1838-1918); M. D., St. Louis Medical College, 1861; President in 1882, at the age of 43 years; survived the presidency for 37 years; in general practice.

JAMES P. DAVIDSON, New Orleans: (1812-1890); M. D., University of Pennsylvania, 1832; President in 1883, at the age of 71 years; survived his presidency for 7 years; in general practice; Yellow Fever Commissioner of Shreveport in 1878; member of the Louisiana State Board of Health; President of the Orleans Parish Medical Society, 1887, 1888, and 1889.

RICHARD H. DAY, Baton Rouge: (1813-1892); M. D., Washington Medical College, 1832; President in 1884, at the age of 71 years; survived his presidency 8 years; in general practice; Professor of Pediatrics, New Orleans Polyclinic.

SAMUEL LOGAN, New Orleans: (1831-1892); M. D., South Carolina University,

1853; President in 1885, at 54 years of age; survived the presidency for 7 years; surgeon and in general practice; Professor of Anatomy and Clinical Surgery, Tulane Medical School, 1872-1892.

D. RAYMOND FOX, Jesuit's Bend, Plaquemines Parish: (1820-1893); M. D., University of Louisiana, 1845; President in 1886, at the age of 66 years; survived the presidency for 7 years; in general practice.

JOSEPH JONES, New Orleans: (1833-1896); M. D., University of Pennsylvania, 1856; President in 1887, at the age of 54 years; survived his presidency for 9 years; in general practice; chemist, sanitarian, archeologist; author, and voluminous conttrbutor to the history and Pathology of the diseases of Louisiana and of the South, Professor of Chemistry, Clinical Medicine and Medical Jurisprudence, Tulane University Medical School, 1860-1896; President of the Louisiana State Board of Health, 1890-1884; Surgeon General of the United Confederate Veterans, 1889-1896.

ISAAC J. NEWTON, JR., Monroe: (1856....); M. D., University of Louisville, 1879; President in 1888, at the age of 32 years; survived the presidency for 41 years; in general practice, surgeon; founder of the Dr. Newton Infirmary and chief of staff of the St. Francis Sanitarium, Monroe; chairman of the committee on Medical Legislation which passed the act creating the present State Board of Medical Examiners, 1895.

C. D. OWENS, Iola, La., (1845-1895); M. D., Charleston Medical College, 1862; President in 1889, at the age of 44 years; survived the presidency for 6 years; in general practice, surgeon.

JOHN B. ELLIOTT, New Orleans: (1841-1921); M. D., South Carolina Medical College, 1867; President in 1890-1891; at the age of 50 years; survived his presidency for 30 years; Professor of Physics and Chemistry, University of the South, Sewanee, 1869-1885; Professor Materia Medica and Therapeutics, University of Louisiana, 1871-1873; Professor of the Principles and Practice of Medicine, Tulane University, 1874-1908.

ALBERT BALDWIN MILES, New Orleans: (1852-1894); M. D., University of Louisiana, 1875; President in 1894, at the age of 41 years; survived the presidency 1 year; in general practice, surgeon; Demonstrator of Anatomy, Tulane Medical School, 1875-1885; House Surgeon, Charity Hospital, 1882-1894; Professor of Surgery, Tulane Medical School, 1893-1894.

RUDOLPH MATAS, New Orleans; (1860....); M. D., University of Louisiana, 1880; President in 1894-1895; at the age of 36 years; has survived the presidency for 34 years; surgeon; Demonstrator of Anatomy, Tulane Medical School, 1885-1894; Professor of Surgery in that institution, 1894-1927; Emeritus (1927....); Professor of Surgery in the New Orleans Polyclinic, 1888-1896; surgeon in chief, Touro Infirmary, 1905 . . .; Consulting Surgeon, Charity Hospital, 1927 . . .

ROBERT M. LITTELL, Opelousas: (1861-1927); M. D., University of Louisiana, 1884; President in 1895, at the age of 34 years; but resigned immediately after his election; survived the election to office for 32 years; in general practice; coroner of Opelousas 1886-1895, 1898-1926.

PAUL E. ARCHINARD, New Orleans: (1895-1912): M. D., University of Louisiana, 1882; President in 1895-96, 1896-97; at 36 years of age; survived his presidency for 17 years; bacteriologist, neurologist, and pathologist; Demonstrator of Bacteriology and Histology, Tulane Medical School, 1889-1904; Professor of Nervous Diseases, in the same institution and in the New Orleans Polyclinic, 1898-1912.

GEORGE A. B. HAYS, Plaquemines Parish: (1848-1919); M. D., University of Louisiana, 1874; President in 1898; at the age of 50 years; survived his presidency

for 21 years; psychiatrist; Superintendent of the Louisiana State Insane Hospital, Jackson, 1897-1905; Superintendent, State Hospital for the Insane, Pineville, 1905-1909.

WHYTE GLENDOWER OWEN, Whitecastle, La.; (1859); M. D., University of Louisiana, 1880; President in 1899, at the age of 40 years; has survived the presidency for 30 years; in general practice, Surgeon General Louisiana National Guard, 1904-1912.

FREDERICK W. PARHAM, New Orleans: (1856-1927); M. D., University of Louisiana, 1879; President in 1900, at the age of 44 years; survived his presidency for 27 years; surgeon; Professor of Surgery at the New Orleans Polyclinic and at the Tulane Medical School (Graduate), except in 1905-1914 and 1925-1927, when he served as Chairman Medical Committee on the Board of Administrators of Tulane University; President Orleans Parish Medical Society, 1895; Chairman First Advisory Committee, Charity Hospital, 1914-1918.

THOMAS E. SCHUMPERT, Shreveport: (1863-1908); M. D., Louisville Medical College, 1885; President in 1901, at 38 years of age; survived his presidency for 7 years; chief surgeon, Shreveport Charity Hospital and founder of the T. E. Schumpert Memorial Hospital, Shreveport.

ISADORE DYER, New Orleans: (1863-1920); M. D., Tulane University, 1889; President in 1902, at the age of 39 years; survived his presidency for 18 years; specialty, dermatology; Professor of Dermatology in the New Orleans Polyclinic and the Tulane Medical School, 1898-1908; Dean of the Tulane Undergraduate Medical School, 1908-1920.

JAMES M. BARRIER, Delhi: (1860-1922); M. D., Louisville Medical College, 1883; President in 1903, at the age of 43 years; survived his presidency for 19 years; in general practice; successful parish organizer.

CHARLES CHASSAIGNAC, New Orleans: (1862....); M. D., University of Louisiana, 1883; President in 1904, at 42 years of age; has survived his presidency for 25 years; specialty, urology; Professor of Genito-Urinary and Rectal Surgery at the New Orleans Polyclinic and the Tulane Medical School (Graduate), 1898-1905; President of the Polyclinic and Dean of the Tulane Graduate School of Medicine, 1897-1925; Superintendent, Eye, Ear, Nose, and Throat Hospital since 1922.

C. J. DUCOTE, Cottonport: (1849-1909); M. D., University of Louisiana, 1875; President in 1905, at the age of 56 years; survived his presidency for 4 years; in general practice; a zealous parish organizer.

HENRY DICKSON BRUNS, New Orleans: (1859....); M. D., Jefferson Medical College, 1881; President 1906, at 47 years of age; has survived his presidency for 23 years; specialty, opthalmology; Professor of Disease of the Eye in the New Orleans Polyclinic and the Tulane Medical School (Graduate), 1888-1918; chief surgeon, Eye Department, Eye, Ear, Nose, and Throat Hospital since 1893; Annual Orator Louisiana State Medical Society, 1885.

OSCAR DOWLING, New Orleans: (1866....); M. D., Vanderbilt University, 1888; President in 1907, at the age of 42 years; has survived his presidency for 21 years; sanitarian; visiting surgeon, Eye, Ear, Nose, and Throat Hospital, 1896-1899; Professor of Public Health, Tulane Medical School since 1918; President of the La. State Board of Health, 1910-1928.

E. DENEGRE MARTIN, New Orleans: (1863....); M. D., Tulane Medical School, 1891; President in 1908, at the age of 45 years; has survived his presidency for 21 years; Professor of Surgery, New Orleans Polyclinic and Medical School of Tulane University (Graduate), since 1893; Dean of the same, 1925-28.

CHARLES McVEA, Baton Rouge: (1869-1920); M. D., Tulane Medical School, 1893; President in 1909, at the age of 40 years; survived the presidency for 11 years; in general practice; surgeon to the Louisiana State University; first vice-president of the Louisiana Medical Society, 1906.

EDWIN J. GRANER, New Orleans: (1863-1921); M. D., Tulane Medical School, 1897) President in 1910, at 47 years of age; survived his presidency 11 years; in general practice; President of the Orleans Parish Medical Society in 1903.

R. O. SIMMONS, Alexandria: (1868....); M. D., Louisville Medical College, 1892; President in 1911, at the age of 43 years; survived the presidency for 18 years; in general practice; City and Parish health officer, 1898-1905; chairman of the Council, 1910; chairman of the Committee on Medical Defense, 1928.

BENJAMIN A. LEDBETTER, New Orleans: (1868....); M. D., Tulane Medical School, 1892; President in 1912, at the age of 44 years; has survived his presidency 17 years; in general practice; assistant quarantine physician of Louisiana, 1893; President of the Orleans Parish Medical Society, 1910-11; member of the Louisiana State Board of Health, 1908-1920; Chairman Committee on Legislation, Louisiana State Medical Society, (1924....) chief of staff, Charity Hospital, 1914-1929.

FRED J. MAYER, Opelousas: (1859-....); M. D., University of Louisiana, 1882; President in 1913, at the age of 54 years; has survived his presidency for 16 years; in general practice; sanitarian; special medical inspector and lecturer of Hygiene, Louisiana State Board of Health, 1906; quarantine officer for Louisiana, 1893-1897; health officer for the State of Mississippi and Texas.

GEORGE SAMUEL BEL, New Orleans: (1872....); M. D., Tulane University Medical School, 1893; President in 1914, at 42 years of age; has survived his presidency for 15 years; specialty, internal medicine; Professor of Clinical Medicine, Tulane Medical School (Graduate), 1912-1924; Professor and head of the Department of Internal Medicine, in the same institution, (undergraduate) 1912-1926.

JAMES C. WILLIS, Shreveport: (1865-....); M. D., Vanderbilt University, 1887; President in 1915, at the age of 50 years; has survived his presidency for 14 years; surgeon; chief surgeon of the T. E. Schumpert Hospital, Shreveport, for 20 years; chief surgeon, Charity Hospital of Shreveport, since 1920; and chief surgeon of the Tri-State Hospital, Shreveport, since 1928.

WILLIAM H. SEEMANN, New Orleans: (1878....); M. D., Tulane Medical School, 1900; President in 1916, at 38 years of age; has survived his presidency for 13 years; specialty, bacteriology and preventive medicine; Professor of Bacteriology and Preventive Medicine, Tulane Medical School (Graduate), since 1908; Professor of Hygiene and Preventive Medicine, in Tulane Medical School (Undergraduate), since 1914.

CLARENCE PIERSON, Alexandria: (1868....); M. D., Tulane Medical School, 1894; President in 1917, at the age of 49 years; has survived his presidency for 12 years; psychiatrist; Superintendent of the State Insane Hospital, Jackson, 1905-1920.

WILKES H. KNOLLE, New Orleans: (1870....); M. D. Tulane University Medical School, 1891; President in 1918, at 48 years of age; has survived his presidency for 11 years; in general practice; President of the Orleans Parish Medical Society in 1915 and 1916.

E. LEE HENRY, LeCompte: (1875-1920); M. D., Tulane Medical School, 1897; President in 1919, at the age of 44 years; survived the presidency 1 year; in general practice; successful parish organizer.

HOMER DUPUY, New Orleans: (1871-....); M. D. Tulane University Medical

School, 1897; President in 1920 at the age of 49 years; specialty, oto-laryngology; Professor of Oto-laryngology, New Orleans Polyclinic and Tulane University Medical School (Graduate), 1900-1910; senior surgeon in oto-laryngology, Charity Hospital and Hotel Dieu since 1914; Professor of Oral Surgery, Loyola University Dental College since 1914; President Orleans Parish Medical Society, 1912.

JAMES E. KNIGHTON, Shreveport: (1870—); M. D., University of Tennessee, 1899; President in 1921 at 51 years of age; has survived his presidency for 8 years; specialty, internal medicine; chief of the medical service, Charity Hospital, Shreveport, since 1920; now chief of medical service at the Tri-State Hospital, Shreveport.

PAUL J. GELPI, New Orleans: (1874-....); M. D., Tulane Medical School, 1896; President in 1922, at the age of 48 years; has survived his presidency for 7 years; specialty, urology; Professor of Genito-Urinary and Rectal Diseases in the New Orleans Polyclinic and the Tulane Medical School (Graduate), 1901-1925; President of the Orleans Parish Medical Society, 1917 and 1918; Chairman of the Council Louisiana State Medical Society, 1918-1921; Chairman Committee Arrangements Semi-Centennial 1929.

LESTER J. WILLIAMS, Baton Rouge: (1880....); M. D., Tulane Medical School, 1904; President in 1923, at the age of 43 years; has survived his office for 6 years; specialty, radiology; chief radiologist, Baton Rouge General Hospital and Our Lady of the Lake Sanitarium.

C. V. UNSWORTH, New Orleans: (1871....); M. D., Tulane Medical School 1904; President in 1924 at the age of 53 years; has survived his presidency for 5 years; specialty, psychiatry; assistant clinical psychiatry, Tulane Medical School, 1919-1926; Superintendent, Louisiana Retreat, New Orleans, since 1912.

E. M. ELLIS, Crowley: (1872-1928); M. D., the University of the South, 1895; President in 1925 at the age of 53 years; survived the presidency for 3 years; in general practice. Successful parish organizer.

S. M. BLACKSHEAR, New Orleans: (1884....); M. D., Tulane Medical School, 1909; President in 1926, at the age of 42 years; has survived his presidency for 3 years; specialty, oto-laryngology; Professor of Clinical Oto-Laryngology, Tulane Medical School, 1911-1929.

ARTHUR A. HEROLD, Shreveport: (1882....); M. D., Tulane Medical School, 1907; President in 1927 at the age of 45 years; has survived his presidency for 2 years; specialty, internal medicine; assistant surgeon and pathologist, Shreveport Charity Hospital, 1908-1912; coroner and health officer of Shreveport, 1912-1926; Superintendent, North Louisiana Sanitarium.

LEON J. MENVILLE, New Orleans: (1883....); M. D., Maryland Medical College, 1904; President in 1928; at the age of 45 years; specialty, radiology and internal medicine; instructor in clinical medicine and radiology, Tulane Medical School, since 1918.

FRANK T. GOUAUX, Lockport: (1883-....); M. D., Medico-Chirurgical College, University of Pennsylvania, 1906; President in 1929, at the age of 46 years; in general practice; successful parish organizer.

SYNOPSIS OF STATISTICAL DATA GATHERED FROM THE BIOGRAPHIES OF THE PRESIDENTS OF THE LOUISIANA STATE MEDICAL SOCIETY (1879-1929).

With the ascension of Dr. Leon Menville to the presidency of the Louisiana State Medical Society in April of 1928 (to serve for 1928-1929), and if we include the president-elect, Dr. Frank T. Gouaux, of Lockport, there are now listed forty-

eight president of the organization; twenty-four living and twenty-four dead. At the date of this report, April 9, 1929, Dr. Isaac J. Newton, Jr., of Monroe, is the oldest ex-president at the age of 73 years, and Dr. S. M. Blackshear, of New Orleans, the youngest at the age of 45 years. Dr. Newton was also the youngest president to attain office, at the age of 32 years, and the longest to survive it, with 41 years of post-presidential activity to his credit.

The oldest presidents at the time of their election were Dr. J. P. Davidson, of New Orleans, and Dr. Richard H. Day, of Baton Rouge, both of whom gained this distinction at the age of 71 years. The former survived his office 7 years and the latter 8 years.

Two presidents died in office: Dr. Albert B. Miles, of New Orleans, in 1894, and Dr. E. Lee Henry, of LeCompte, in 1920. One president, Dr. Robert M. Littell, of Opelousas, resigned shortly after his election in 1895.

The average age of survival for the deceased presidents is 15.07 years, and those living, 14.52, or practically 15 years for the dead and 14½ for the living.

There are certain notable exceptions to this average, as, for instance, among the deceased, Dr. James C. Egan, who survived his presidency 34 years; Dr. Robert Littell, 32; Dr. J. W. Dupree, 27; Dr. A. A. Lyon, 37; Dr. C. M. Smith, 21; Dr. J. B. Elliott, 30; Dr. F. W. Parham, 27; Dr. G. A. B. Hays, 21; Dr. J. M. Barrier, 19; Dr. Isidore Dyer, 18; Dr. P. E. Archinard, 17; and Dr. E. M. Ellis, 3 years.

Among the living we are happy to record that Dr. Newton is living 41 years after the expiration of his office. Dr. Matas, the present historian of the Society, has survived his presidency 35 years; Dr. W. G. Owens, 30; Dr. Oscar Dowling, 22; Dr. E. D. Martin, 21; Dr. Charles Chassaignac, 25; Dr. H. Dickson Bruns, 23; Dr. R. O. Simmons, 18; and Dr. B. A. Ledbetter, 17.

The medical specialties of the 48 presidents are represented as follows:

General practice, 21; surgery, 7; internal medicine, 4; sanitation, 3; bacteriology, 2; dermatology, 1; psychiatry, 2; neurology, 1; radiology, 2; oto-laryngology, 2; urology, 2; ophthalmology, 1.

Twenty of the presidents have held professorial positions on the teaching staff of Tulane University Medical School. One was Dean of the Tulane Undergraduate Medical School, 1908-1920, Dr. Isidore Dyer. There were two Deans of the Tulane Graduate School of Medicine: Dr. Charles Chassaignac (1897-1925), and Dr. Denegre Martin (1925-1928).

It is a notable fact that none of the three primal founders, Chaille, Bemiss, and Richardson, ever occupied the presidential chair of the Louisiana State Medical Society.

Two have been presidents of the Louisiana State Board of Health, Dr. Joseph Jones (1880-1884), and Dr. Oscar Dowling (1910-1928).

The presidents represent the parishes in the following order:

Orleans, 23; East Baton Rouge, 5; Caddo, 5; Rapides, 3; Plaquemine, 2; St. Mary, 1; Ouachita, 1; Avoyelles, 2; Richland, 1; Iberville, 1; St. Landry, 2; Acadia, 1; Lafourche, 1.

It is again interesting to note that 27 of the 48 passed presidents are graduates of Tulane Medical School and 21 are from other schools:

Tulane, 27; New Orleans School of Medicine, 1; University of New York, 1; University of Pennsylvania, 3; Medico-Chirurgical College of Philadelphia (now Graduate School of the University of Pennsylvania), 1; St. Louis Medical College, 1; University of Louisville, 1; Louisville Medical College, 3; Charleston Medical College, 1; Medical College of Carolina, 1; South Carolina University, 1; Jefferson Medical College, 1; Washington Medical College, 1; Vanderbilt University, 2; University of Tennessee, 1;University of the South, Sewanee, 1; Maryland Medical College 1. Ttal 48.

Three of the four primal founders, including Dr. Ernest Lewis, the only liv-

ing delegate to the convention of 1878, are likewise graduates of Tulane Medical School. It is evident, therefore, that Tulane University continues to be the cradle and nursery of the majority of the presidents of this Society and of the leaders of the medical profession in Louisiana.

CLOSING REMARKS.

Before closing with this brief preamble, allow me to pause in reverent tribute to the memory of the dead, the majority of whom I knew, some as my teachers, others in the closer intimacy of personal friendship. Though I was a student at the Medical School, and undergraduate interne at Charity Hospital in 1879, when this Society was definitely organized, I had the privilege of attending the first annual meeting of the Society when I heard Dr. Stanford E. Chaille deliver the first annual oration on State Medicine and Medical Organization—an address which thrilled all who heard it with the power of his eloquence and the strength of his logic. It still remains unsurpassed in the history of this organization as a superb masterpiece of medical oratory and the most precious legacy that that great statesman and leader left as a stirring appeal for united and co-operative effort in the interest of medical progress in our State. When I was graduated in 1880 and joined this Society, now 49 years ago—and in the years that followed, I became acquainted with all the presidents, many of whom have favored me with their personal friendship. In this way I came to know the older presidents, many of whom were my teachers, such as Samuel Logan, Joseph Jones, John B. Elliott and A. B. Miles, and also their older contemporaries from the parishes, such as Dupree and Day, of Baton Rouge, C. M. Smith, of Franklin, D. R. Fox and G. A. B. Hays, of Plaquemine, C. D. Owens, of Rapides, and J. P. Davidson, of Orleans, just as I have known in closer relations, their younger successors, many of whom I have had the privilege of calling my students as well as my friends. My recollection of all the older presidents remains clearly impressed in my memory as I visualize the clear lineaments of their kindly faces, as they impressed me in all the freshness and vividness of my early professional youth.

The large majority of the presidents were general practitioners, typical representatives of that big hearted, trusted and noble type of doctors—the family doctors who are so fast and sadly disappearing, not only in our large cities, but in the rural districts as well. They have constituted the backbone of our calling and it is they who have largely given it the honor and the prestige that it enjoys as the most humane and self-sacrificing of the learned professions. In recalling these salient but now silent figures of our dead past, I am reminded that our annual meeting never fails to teach us at least one lesson. The Art whose province it is to heal and to save, cannot protect its own ranks from the inroads of disease and the waste of the Destroyer. Twenty-four of my fellow presidents are mute to the roll call of the Presidential roster. Some were taken away long ago, others quite recently. Many, if not the majority, of our earlier presidents, were general practitioners. Many practiced in the rural districts and followed their calling in the villages and towns that lie among the hills of North Louisiana—along the banks of the Mississippi or along the inland streams of our picturesque and florid Acadian Parishes. Only those who have lived the kindly, mutually dependent life of the country, can tell how near the physician, who is the main reliance in sickness of all the people among whom he labors—how they value him while living, how they cherish his memory when dead. For the friends and former colleagues of ours who have gone before us, there is no more toil, "they start from their slumbers no more at the cry of pain; they sally forth no more

in the storm; they ride no longer over the lonely roads that knew them so well; their wheels are rusting on their axles or rolling other burdens; their eyes are closed to all sorrow they lived to soothe." Few of those who lived and practiced in the country districts attained great fame beyond the boundaries of the State or were known by their merit outside their own communities or apart from their constituency in this Society. But they have left behind them that loving remembrance which is better than fame, and if their epitaphs are chiseled briefly in stone or are merely recorded in the transactions of this Society, they were written at full length on living tablets in a thousand homes to which they carried their ever welcome aid and sympathy.

Let us hope that our dead have at last found that rest from which neither Summer nor Winter, day nor night, had granted to their unending earthly labor.

With our most beloved poet-doctor, Oliver Wendell Holmes, let me repeat these words, as he did, at the close of a farewell address:

> "My show of ghosts is over. It is always the same old story that old men tell the younger ones. Some few of whom will in their turn repeat the tale, only with altered names to their children's children."

"Like phantoms painted on the magic slide,
Forth from the darkness of the past we glide,
As living shadows for a moment seen
In airy pageant on the eternal screen,
Traced by a ray from one unchanging flame,—
Then seek the dust and stillness whence he came."

DUODENAL FISTULA.*

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An ulcer situated on the anterior wall of the stomach and near the pylorus, offers a very different problem from one situated on the posterior wall adjacent to the cardia. A fistula of the duodenum presents an equally dissimilar situation from a fistula low in the ileum. In the first instance the anatomy of the part accounts for the situation. In the second instance the radical difference may be attributed both to anatomic and physiologic reasons. "Duodenal fistulae are neither the rare nor the simple, benign affairs that the silence of the professional pen might lead one to conclude."

Potter states that duodenal fistula is a most baffling and devastating condition, and this is an opinion which is a fact. The duodenum, because of its fixation and because of its proximity to certain other structures, is not particularly susceptible to surgery, and into the duodenum are poured gastric, pancreatic and biliary secretions. It would be idle to review the action of these various juices; the pancreatic secretion serves to digest protein; the bile to digest fats, and both of the above act in an alkaline medium. Confined within their normal habitat they are invaluable, turned loose upon the unprotected body tissues their effect is enormously destructive. Unless one has witnessed the prompt melting away of tissue exposed to these secretions it is difficult to picture their effect. Potter aptly sums up the situation when he says that they literally eat up the tissues of the abdominal wall.

Walters, and others associated with him, have studied the toxemia incident to duodenal fistula. He has found that increasing alkalosis, characterized by decreasing concentration of the blood chlorides and a

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progressive rise of blood urea occurs. He considers that the toxemia results in its major part from a loss of the action of chlorides of the digestive juices which are discharged through the fistula and he considers that this loss turns the tide of the neutrality of the blood toward alkalinity. Any toxic state is accompanied by increasing blood urea, due in some cases to the production of nephritis which prevents the elimination of urea and may infrequently be due to an abnormal amount of urea formed from the breaking down of the body tissues. Toxemia, the result of an obstruction either of the biliary, the urinary or the intestinal tract, of course, elevates the blood urea. It would seem also that the loss of fluid in these cases is a matter of some consequence and that the treatment of the toxemia must not be confined solely to replenishing the chlorides which are depleted. Walters has shown, further, that these conditions are associated with a disturbance of the motility of the bowel.

Colp, in 1923, collected reports of a series of sixty-one cases of duodenal fistula. In the above series six followed resection of the stomach, either by the Bilroth, number one or number two; twenty-three followed operations on the gall-bladder or its ducts, fourteen followed operations for duodenal ulcer, ten nephrectomy; six traumatic rupture of the duodenum; one carcinoma of the pancreas; one intestinal tuberculosis. The gross mortality of all of the above was sixty-one per cent. Thirty-six of the cases were treated conservatively with a mortality of 47 per cent; twenty-five were treated radically with a mortality of 60 per cent.

Walters has seen two cases in the past seven years. He advocates treatment by suction, plus the administration of saline and glucose intravaneously.

Berg suggested gastroenterostomy with pyloric occlusion, the object of the above, of course, being to prevent food reaching the duodenum. Colp, in reporting his cases, stated that this procedure gave a mortality rate of 85 per cent. Simple jejunostomy has also been suggested, and in 1921 Erdman advocated jejunostomy with aspiration of the fistula.

Cameron developed treatment of the condition by suction which must be continuous. Lahey employs this, using progressively smaller catheters.

Various men attempted to dilute the secretion with water, thereby lowering its activity, but this did not prove particularly beneficial.

Mayo obtained one cure through closure of the fistula and Walters feels that if conservative treatment by aspiration plus injection of chlorides and glucose is not successful, or if the condition of the patient is acute that jejunostomy should be done.

Miller has seen three cases of duodenal fistulae, two following nephrectomy and the third following cholecystectomy which was performed by another surgeon. The first two were treated conservatively and both died in eight and two days, respectively. In the third case operation was performed, the opening in the duodenum was closed; this case died twelve hours later. Miller feels that it is a mistake in such cases to wait in the hope either that the opening will close spontaneously or that the patient's condition will improve, and he says that in the future he intends to operate upon these cases as soon as the diagnosis is made.

Potter, after a consideration of the anatomy of the duodenum and pathology of the ulcer bearing area, found that closure of the fistula by suture presented almost insuperable difficulties. As a matter of fact, about the only favorable feature would be that adhesions, as a rule, would not be present for the reason that the digestive juices inhibit their formation. Potter then concluded that the method of treatment should resolve itself to destruction of the potency of the intestinal juices by neutralization of the alkalinity of the media and

by providing some foreign substance upon which they might expend their energy. He suggested that tenth normal hydrochloric acid be used to overcome the alkalinity of the intestinal juices and that a heavy beef extract mixed with olive oil be offered as food for digestion by the juices, thus saving the body tissues. His technique, briefly, consisted in soaking strips of gauze in the acid referred to, packing the wound with these and having it extend over about the edges and then puddling the wound with gauze soaked in the beef-broth-olive oil mixture. Dressings were changed at intervals of two hours until improvement occurred. Potter reported a very spectacular case in which a large destructive fistula with vast destruction of the abdominal wall was closed within three weeks time, and he similarly healed a fecal fistula low in the ileum. Since publication of his paper, Popper has had two other cases of duodenal fistula, three high fecal fistulae, two fistulae after jejunostomy, and several other fecal fistulae low down which had shown skin irritation. All of the above recovered under treatment as outlined above.

Johanson suggested injection of these fistulate with a 1 per cent solution of citric acid, using two to three ounces from three to four times a day, and he reported two cases so treated in which recovery ensued.

I wish here to report a case of my own, in which treatment as outlined by Potter was used and in which recovery occurred.

G. M. D. A white male, married, aged 40 years. Family history was irrelevant. The general health had been fair until 1907, when pain developed in the right side. A diagnosis of appendicitis was made, the pain recurred at intervals and the appendix was removed in February, 1922. In 1907 a small fistula in ano began, which was treated and healed; there was no further difficulty. In July, 1908, there was hemoptysis, and the hemoptysis recurred at intervals up to the present time. Bacilli were found in the sputum in January, 1916. A number of months were spent in the State Sanitorium at Magee and approximately one-year was devoted to intensive treatment of the chest. Early in 1921 pain developed in the upper abdomen and after suffering for a number of months and with no relief from medical treatment, he had a drainage of the gall bladder performed in March, 1922, and at the same time the appendix was removed. The recovery was uneventful and there was relief for several months. A hemorrhage from the stomach occurred in 1923 and in February, 1925, another severe hemorrhage from the stomach occurred; and at that time a diagnosis of gastric ulcer was made. Examination was essentially negative except for poor nutrition. His weight was 138 pounds. There was a secondary anemia; poor oral hygiene and considerable scarring in the chest and the abdominal condition referred to. Operation was performed April 13, 1925; an ulcer on the posterior wall of the stomach was excised, a second ulcer was found in the first portion of the duodenum and in addition to excision of the ulcer referred to, posterior gastroenterostomy was done. The recovery was stormy, but ultimately occurred and there was no further evidence of ulcer until July, 1927. On January 20, 1926, there was however, a severe hemorrhage from the bladder and cystoscopy revealed a very red and granular mucus membrane just within the sphincteric margin, this was cauterized and the result was satisfactory. In August, 1927, there was a profuse hemorrhage from the stomach and the patient was rapidly brought to a condition of extremis.

Recovery from the hemorrhage was slow but on October 31, 1927, it was felt that as much ground had been gained as could be and surgery was again resorted to. The abdomen was opened with regional anesthesia, it was necessary to add general in order to free adhesions; a large penetrating ulcer of the anterior wall of the stomach was firmly attached to the abdominal wall. The stomach and duodenum were mobilized with considerable difficulty and sub-total gastrectomy was performed. Posterior gastroenterostomy completed the operation. There was no post-operative bleeding and no distention. On the evening of the second post-operative day the temperature reached 103 2/5°, pulse 138, and both remained at approximately that level; through the night the pulse became irregular and there was some delirium. The temperature then came down but the delirium persisted and the patient was wild in spite of the administration of morphin, heroin and luminal. At 6 P. M. on the sixth post-perative day it was noted that a little bloody serum drained from the lower part of the operative incision. The following day a left parotitis developed. By noon the seventh post-operative day, there was definite drainage from the worund. The wound was dressed at frequent intervals and the drainage removed by aspiration and heat applied by means of zoolight. The patient grew definitely more toxic and the following evening

the wound drained profusely. By evening of the eighth post-operative day the wound had pulled open, the skin, muscles and fascia were horribly irritated and rapidly were going on to destruction. The entire wound presented the picture of a violent irritation and destruction of tissue. At this time treatment suggested by Potter was begun except that dilute acetic acid was substituted for hydrochloric. The wound was dressed at intervals of every two hours. On the ninth post-operative day there had been no further destruction of tissue, on the tenth post-operative day there was definitely less toxemia and the wound appeared improved. Within three days after beginning the above treatment the wound had very definitely improved and the dressings were only necessary every three hours. It was necessary to drain the parotid. On the twelfth post-operative day there was slight hemoptysis. There were numerous rigors following the administration of saline and glucose intravenously. It was necessary to reopen the parotid. The patient was becoming steadily better, both the condition of the wound and the general condition. On the thirteenth post-operative day the temperature was 99 4/5°, and the pulse 92. The wound was now being dressed at intervals of every four hours. On the thirteenth post-operative day there was only a small amount of drainage from the wound, on the fourteenth post-operative day the temperature was normal, the pulse was 80, and such nourishment as oyster stew, farina and the like were being given. On the fifteenth post-operative day the wound was partially closed by adhesive strapped across the abdomen. It was necessary to again drain the parotid gland on the seventeenth post-operative day. On the twenty-third post-operative day a small fistula, of the part of the stomach that remained, developed and this was closed by means of a purse string suture, plus an interrupted row of Lembert sutres. There was now practically no discharge from the wound and granulation was occurring. On the twenty-sixth post-operative day the wound was resutured. Convalescence from this time on was uneventful and the patient was discharged from the hospital on the thirty-sixth post-operative day.

Two weeks ago the weight was 164 pounds, a gain of thirty-four pounds since surgery and the digestion was satisfactory. Light diet was being taken without difficulty.

My opportunity to observe treatment of duodenal fistula in the manner suggested by Potter has been limited to the case cited. Potter, however, has treated several cases of this sort successfully and has reports of some several others. It would seem to me that this treatment is based upon sound anatomic, physiologic and pathologic grounds. Certain it is that in the past, the methods of treatment used in this condition have been far from satisfactory and the mortality rate has been high. It, of course, will take time and require many cases before one may establish just what the expected mortality may be in this condition, where treatment as outlined by Potter, is used, however, in as much as this treatment is worked out on rational grounds, it would seem at this time to be the treatment of choice.

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DISCUSSION.

Dr. M. Ewing (Amory): I do not want to discuss this paper. I think we want to congratulate Dr. Parsons on his patient getting well, regardless of whose treatment he used, and those surgeons who have ever had one of these things to treat I think will also congratulate him.

OBSERVATIONS OF SOME CHRONIC DISEASE CONFRONTING PUBLIC HEALTH.*

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In selecting this subject for my paper, your attention will be called to diseases more or less chronic, especially the more common diseases that affect the public in general. The medical profession has always manifested a rather altruistic spirit in relation to the public. With the remarkable advancement in medical science the responsibility of the profession in the prevention and treatment of chronic diseases has been proportionately increased. Enlightened as the public will be to new advances in preventive medicine, so much more exacting will be the practice of medicine. Organized medicine has assumed a position of leadership in the past in the prevention and treatment of diseases relating to the public. Continued interest and observation has led us to the conclusion that chronic diseases are the aftermath of an acute process, continued until it assumes a chronic character, either from neglect or ignorance on the part of the patient.

In the endeavor to prevent a chronic diseases it is important to impress the public with the importance of early scientific medical advice—in fact, to recognize an acute process and prevent that process from becoming chronic.

If we as scientific medical men recognize an acute process it is necessary that we realize that if the acute process is not checked in the beginning a chronic process will result. It has been our teaching that a chronic disease in a patient leads to a chronic condition elsewhere in a system composed of organisms whose functions depend upon each other.

In our clamor for early recognition of an acute process in our patient in order to correct the oncoming disease, we safeguard disease in other organs. We have been taught in our medical schools that chronic irritation in tissue is the exciting cause of neoplasms. Today we are constantly observing chronic diseases as neoplasms. The outstanding fact is the controlling influence of some source of chronic localized irritation which, if removed, obviates the development of one of the most dreaded chronic diseases—namely, cancer.

This raises the question as to why cancer should develop if the causes of chronic irritation are avoided, or removed before cancerous change begins.

The second fact, of equal importance, as you well know, is that every cancer is primarily a local disease whose removal and recognition on its early stage, insures a cure.

Ignorance and neglect either on the part of the physician or the patient has led to pitiful results. We as public health workers recognize this fact too well.

If one studies the minute pathology of the new growths, he finds that the variation in malignancy is in inverse proportion to the differentiation of the cells composing the tumor. The observation among public health workers has been this—that the higher the maturity of the cells in neoplastic growth, the lower the degree of malignancy.

McCarty of the Mayo Clinic has demonstrated this fact again and again. Suspicious tissue of lesions should demand a complete investigation and microscopic sections made to determine if malignancy does exist or does not exist.

It is true that the arch enemy of middle age and beyond is cancer, and our measures both for prevention and cure have not advanced in proportion to the increasing need. One woman in eleven and one man in thirteen die with cancer, and this proportion of cancer deaths will be maintained in the enormously greater number

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of persons who reach the cancer age. We must spread more widely the knowledge that chronic irritation is the great underlying cause of this chronic disease. Whenever a certain type of cancer exists in a race of men or in a country with great frequency as compared with other races or countries, it is due to a single cause, usually a social custom. Good dentistry has eliminated a percentage of cancers of the jaw due to irritation of defective teeth and gum disease. Cancer of the lip and tongue is on the increase as the habit of smoking is on the increase in both sexes. It seems to be a well-established fact that in general the distribution of cancer as regards the stomach that 30 per cent are in men and 21 per cent in women.

The influence of drinks too hot to be held comfortably in the mouth in the production of the chronic irritation which precedes the development of gastric cancer seems probable.

Since the advancement of public health work the average length of human life has been increased twelve years. These added years, from the age of forty and fifty-two, brings an enormous number of persons into the cancer age. It is claimed that cancer is not common among aborigines, but they are short-lived and few of them live into the cancer decade. Specific forms of irritation — for instance, irritation caused by the chewing of the betel-nut by natives of the East Indies Islands, produces an enormous incidence of cancer of the cheek and that caused by the wearing of kangrie baskets over the lower abdomen by the natives of Kurdistan produces a large numbers of the cancers of this part of the body. These types of cancer, let me say, are seldom, if ever, seen in this country; are evidences of chronic irritation in relation to malignant diseases and show that the tissues of the aboriginal people are not immune. It may be safely said that all races of this globe are subject to cancer and do have cancer.

Cancers of the external tissues of the body do not seem to have increased in the same proportion as those of the internal tissues. If cancer is on increase there is no reason why cancers of the external parts of the body should not increase proportionately. Is it not probable that readily visible cancers were diagnosed, as commonly in the olden times as at present, even with our refined methods for its diagnosis? Our new diagnostic means of discovering diseases of the concealed organs of the body have increased greatly in recent years. The roentgen-ray, the various "scopes" and the exploratory incision enables one to recognize disease formerly undetected. Internal cancers and tumors are no longer hidden and if diagnosed early and removed early before they spread to other tissues can be successfully removed by surgery. The recognition and elimination of known causes of irritation are aiding in the reduction of external neoplasms. In this respect, witness the recognition of the effect of the heat of the clay pipe in the production of cancer of the lip and tongue, the effect of broken and jagged teeth in the production of cancer of the mouth. When these conditions are seen and immediate treatment advised, a great many cases are saved from ultimate death by this chronic disease. The incident of cancer of the internal parts of the body is beginning to diminish, because of the fact that a host of causes of chronic irritation of the internal organs are being detected and removed or prevented. It has been found that irritation from gall stones and chronic diseases of the gall-bladder often leads to cancer of the gall-bladder and its ducts. Gall stones are now removed earlier and as a result cancer of the gall-bladder is diminishing. Is it possible that we have become cancer alarmists and have overlooked the obvious and have lost sight of these important factors in the development of our knowledge of cancer? We can not and must not depend too much upon cold statistics to guide us. Sir Berkely Moynihan of England says that statistics can be

made to tell anything, even the truth. While it may be that cancer is on the increase, there is greater alarm over the increase in cancer among the statisticians than among the clinicians.

We hear little of the thousands and thousands of persons who have been cured of cancer by early operation, but the deaths are heralded so widely that this public has become frightened and they tried to postpone examination until their condition is hopeless and beyond any relief. They are dying of malignancy that, in its early stage, should have received early treatment.

CONCLUSIONS.

Our knowledge of cancer and neoplasms in general is excellent so far as it goes. Because we are in doubt as to the exact exciting factor, we should not be too pessimistic. The discovery of the bacillus of tuberculosis by Koch as the cause of consumption did not by any means bring about a cure for tuberculosis but it did make us recognize the cause and prevented many deaths from this disease. We should not emphasize our failure to learn the exact cause of cancer to the extent of failing to make use of the wealth of knowledge which we possess concerning the disease itself. It is something to know that it is not hereditary in the ordinary sense, although certain families may have tissues more subject to chronic irritation than others; but, even so, it has been shown how quickly this factor is bred out. It is a consoling fact to know that cancer is not contagious, especially to public health workers, and this is an important factor in its combat.

Elimination of all sources of chronic irritation, early diagnosis and removal of the growth while it is still local, are the salient points in the prevention and cure of chronic neoplastic disease that confronts us as public health workers.

THE FUNCTION OF A MODERN STATE HOSPITAL FOR MENTAL DISEASE IN OUR SOCIAL SCHEME.*

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The care and treatment of the insane is essentially a medical problem. Hence no state hospital can achieve the highest success without the interest and active support of the medical profession. The subject presents a social and economic aspect also which demands a closer relationship between the hospital and the public.

Not so long ago the public regarded a hospital for the insane much the same as a prison. Both were places for the detention of social misfits, and the so-called asylum was established for the protection of society, rather than for the treatment of the unfortunate. Some years later the welfare of the insane themselves became a matter of consideration, and the better type of custodial institution was developed. In these while the patients were kindly treated, the medical treatment was limited to physical ills. During recent years a still further advance has been made. The fact that the lunatic asylums of not so long ago are now termed hospitals, signifies far more than the mere change of name indicates. A complete revolution has been wrought in the administration of these hospitals and instead of places for custodial care they have become places for the active treatment of mental disease.

It is generally recognized today that active treatment of the insane brings results and with this knowledge it behooves us to demand that every insane patient be given the benefit of every means of treatment of proven value. With the constant necessity of exercising economy, needs can be met but gradually, but that should stimulate our efforts all the more to obtain the necessary facilities. No insane patient should be allowed to lapse into chronicity because of the lack of necessary facilities. The inter-

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est of society and the right of the individual sufferer are one in justifying a reasonable expenditure if, thereby, an increased number of mentally sick can be restored, so they can resume their places in our social scheme.

A well trained medical and nursing force is an absolute necessity for the proper handling of our problem. The organization of the medical and nursing work presents difficulties not found in other medical specialties. A physical examination must be of a thorough nature. Laboratory assistance is necessary to clear up doubtful points in diagnosis. The clinical laboratory and pathological work are of major importance. Therapeutic advances go hand in hand with the correlation of clinical and pathological findings. Much research yet remains to be done in order that we may know more of the actual material changes occurring in mental diseases.

At this point it might be well to mention that there appears to be no good reason for antagonism as regards the etiology of mental disease, between the materialistic trend of thought, and the theory of the psychogenic origin of such disorders. Both factors are usually at work. We must remember, however, that the same psychogenic factors which produce mental disease in one person may not produce it in another. It is a question of the nervous soil upon which exciting causes operate. It is possible that a defective nervous soil, lacking the exciting psychogenic factor, or a psychogenic factor, lacking a favorable predisposing soil, may fail to produce mental disease. The combination of both is always disastrous.

You have no doubt heard it said that psychiatry has not kept pace with the advance made in other specialties of medicine. Such criticism is not justified. Present day psychiatry is not only using all the methods of research used in general medicine and surgery, but in addition is using methods of investigation peculiar to itself. Some of these methods are: The psychoanalysis of Freud; association tests; the reaction to electrical stimuli as modified by emotions; the scientific study of dreams; etc.

It is no longer deemed sufficient to simply classify our patients from a symptomatic and prognostic standpoint. Every patient should be studied as an individual. In this study there is first the question of the original personality and the normal reaction of the patient to his environment. When possible, an idea must be obtained of the patient's life and surroundings before the mental breakdown. This is necessary in order that the chain of events, leading to the final catastrophy, may be reconstructed, which most always represents the sum total of a combination of factors. This is true even in exogenous disorders, for only a comparatively small proportion of alcoholic drinkers develop psychoses, and it has been estimated that only from 4 per cent to 5 per cent of all syphilitics become paretics. We must not only study all difficulties of adaptation, but the psychic levels at which they appear. A situation easily handled by one person becomes an obstacle to another, even if there is no intellectual defect. There is such a thing as psychic inelasticity, and it behooves us to learn, in a given case, just what circumstance or set of circumstances renders manifest this so-called "psychic stiffness." It is our duty to uncover all upsetting and underlying trends of thought. The patient must be introduced to himself and made to realize the dynamic value of his unhealthy mental habits.

It is also necessary to obtain from every available source information concerning the earliest deviation from the normal, as well as regards the patient's early life, family history, etc. In this connection the family physician often has an advantage over the hospital physician, and we invite your assistance in securing all pertinent facts regarding the cases you send to the hospital. After an exhaustive study of each individual patient we are in a position to direct therapeutic effort in an intelligent manner. Thus the time robbing character of a modern mental examination is ap-

parent, so it is obvious that more trained physicians are necessary than the laiety sometimes realize. It is through you physicians that such facts can best be made known to the public, in whose interest we are all working.

In order that a patient may improve he must be submitted to the right kind of influences and such influences imply a predominating medical atmosphere. The hospital that does little medical work not only fails in the performance of its duty to the patients entrusted to its care, but to the community which maintains it. Were we still engaged in merely providing custodial care of those unfortunates, for whom there was no hope, there would be more excuse to the pleas of economy, with which requests for added medical facilities are oftimes assailed. However, we are engaged in treating disease and the average properly equipped hospital can show a recovery rate of from 25 per cent to 30 per cent of all mental cases, committed to it. Without results we would not be justified in asking for more than the mere essentials for custodial care, but in view of such results no community should be satisfied with anything less than the best service. It is, indeed, true economy to make such provision as, every patient returned to society is not only an actual economic gain, but is no longer a positive economic loss.

Every hospital should be provided with facilities necessary for the treatment of special indications. Such indications may mean the employment of some of the various forms of hydrotherapy, electrotherapy, mechanotherapy, massage, or special diet. It is well known today that hydrotherapy with the aid of individual nursing and occupation has reduced restraint to the minimum. It has been possible to practically abandon straight jackets, muffs, etc., as well as the use of powerful hypnotics which are, after all, palliative rather than curative. Some physical defects may require the services of specialists, hence every state hospital should have at its command a staff of competent consultants. There is no special surgery in mental disease, except as uncorrected surgical conditions are often constant reflex irritants. Gynecology offers a wide field of usefulness among the women, and the surgical treatment of hernias and hemorrhoids has proven of special value among the men, and the elimination of focal infection such as diseased tonsils, abscessed teeth, etc., have been of value in both sexes. Special provision for dental work is required and this work should be prompt and thorough.

Classes in arts and crafts, gymnastic and calisthenic exercises, folk dancing, and other forms of recreation and entertainment all have fields of usefulness in connection with treatment. It is not only in recoverable cases that such work is of value, but also in demented and chronic cases. It is often possible to re-educate these chronic cases to a remarkable degree, thus rendering them less destructive and in many instances making it possible for even these chronic patients to assume a small degree of usefulness in the hospital's activity. Again all this makes a comparatively large proportion of attendants and nurses necessary as the greatest success can only be obtained through the personal attention of those trained to the work.

The hospital for mental disease has a function to perform in research work. Many questions are still unanswered. For instance, the question asked as to why alcohol acts differently upon different individuals producing in one a delirium, another an acute hallucinosis, another a paranoid trend, another a polyneuritic syndrome, or simple deterioration, is unanswered. We do not know why a fairly definite proportion of syphilitics develop paresis. We are beginning to understand the meaning of functional psychotic reactions in certain individual cases, often finding the psychosis is in the nature of an escape from an intolerable situation, but there are many more cases which with present methods we are unable to comprehend from such a

veiwpoint. So much work remains to be done.

No state hospital program can be complete without a preventive system. It is entirely out of line with the sound psychiatric thought of the day to simply deplore increase of mental disease and necessity for increased hospital accommodation. Now that we know the definite relationship existing between mental disease and mental hygiene, and that prophylaxis is possible, concrete work along this line should be part of the program of every well organized state hospital. The state hospital should be the coordinating center for such work, which should be done in conjunction with all voluntary agencies interested in public and individual health. Many complete breakdowns may be prevented by discovery and adequate treatment in the beginning of the disorder.

Hence there is no way in which a state hospital can do more to care for the mental health of the citizens of the state than by well organized out-patient clinics. Not only do they provide for the maximum number of patients, for the minimum cost, but they bring the patients in contact with the psychiatrist during the incipient stages of the disease. With the outdoor department of a hospital regarded as a place where advice and treatment of so-called nervousness can be received, there will eventually result a greater willingness on the part of patients to take advantage of the opportunity. Assistance is made available when treatment is most hopeful and before the patient becomes so bad he is incapable of realizing his needs. Such work should of course in no way interfere with the family physician, to whom all cases failing to present psychotic symptoms, or presenting some physical ailment in connection with a psychosis, should be referred. Attendance at out-patient clinics brings the hospital physician into closer contact with the general medical practitioner in a way that is not only mutually helpful, but helpful to the patient as well. Help given the practitioner increases his interest in, and respect for psychiatry, as well as his inclination to support the hospital. With such a broadening of a hospital's activity it is easier to inculcate the idea that the mentally sick are as much sick as are the sufferers from physical disease, and hence their care constitutes a health problem. It is important to impress upon the public the incongruity of placing the care of the mentally sick pending commitment upon peace officers when it properly belongs to health officers. If the public realized the pernicious effect upon the acute mental sufferer of prison cells and handcuffs, especially when such treatment augments and strengthens existing delusions of persecution, it is certain other provisions would be made.

A distinct educational value is also to be gained, which may be enhanced by occasional talks by the physicians of the state hospitals to medical societies, to teachers, to parent organizations, to civic clubs and to church societies. This extension work is generally regarded as a definite part of every well organized state system of dealing with mental disease. Society is beginning to realize, too, that what has been learned in the medical study of these disorders may be made useful in dealing with difficulties that have heretofore been considered outside the range of psychiatric knowledge and activities. In some states the out-patient psychiatric clinic is becoming a pivot point from which preventive medicine, in so far as it relates to the mental hygiene of the community, is radiated. Ministers, judges, teachers, physicians, lawyers, and probation officers are turning daily to the psychiatrist for advice in regard to the problems of human conduct.

With the development of preventive work, the development of after-care work should go hand in hand. A genuine parole system offers an opportunity for real and direct economy. By materially reducing the number of cases to be cared for in the hospital a financial reduction is made evi-

dent. If any number of cases in our hospitals can, under proper supervision, be cared for at home, that is clear gain. To insure proper supervision, a real system of medical and social oversight is necessary. If a patient returns to the same environment and conditions amid which his psychosis developed, there is likelihood that a recurrence of his mental symptoms will take place. Hence, a skilled, tactful and well trained psychiatric social worker is essential. Such an individual cooperating with the hospital medical staff can often modify or change environmental conditions, can give advice regarding work, can smooth out family differences so pernicious in their effects on recently recovered mental cases. It is unfortunate that preventive work, either before or subsequent to hospital residence is not susceptible to accurate statistical treatment, for if it were, the element of economy thus revealed would justify such activity.

REVIEWS

SUPERFICIAL INFECTIONS.*

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NEW ORLEANS.

PART I.

Infections of the skin comprise an important part of the surgeon's practice. As the condition usually comes under the head of "minor surgery," it is considered by most individuals, especially surgeons, to be of minor importance. An attempt is made in this review to differentiate between the various superficial infections and to stress their importance.

The organisms which are usually responsible for most of the superficial infections belong, as a rule, to that group of organisms commonly known as pyogenic organisms. The micro-organism which is the most frequent offender in superficial infections is the staphylococcus aureus. This organism is found, however, less frequently on cutaneous surfaces than is the staphylococcus albus. The staphylococcus aureus is the organism which is usually responsible for localized inflammatory processes in the skin, such as furuncles and carbuncles, deep abscesses, and also osteomyelitis. The lesions produced by staphylococci as contrasted with those produced by streptococci are characterized by a tendency toward localization and necrosis of tissue, rather than a diffuse cellulitis (Meleney).[1] The staphylococcus albus is found much more frequently in nature than is the staphylococcus aureus. It is very frequently found in wounds, together with the staphylococcus aureus, but is a secondary invader in most cases. Rosenbach[2] found the staphylococcus albus responsible for just half as many human infections as the staphylococcus aureus.

Streptococci are found much less frequently than staphylocci, but because of the severity of the lesion which they produce are more important from the surgical standpoint. The streptococci may be divided into two types: those organisms which hemolyze blood and those which do not. The lesions produced by the streptococci differ from those produced by the staphylococci in that the extension is apt to be much greater, there being less tendency toward localization and less tendency toward necrosis of tissue. The streptococcus is usually the offending organism in cases of extensive cellulitis, as well as acute lymphangitis, lympadenitis and tenosynovitis. Streptococcus erysipilatis, as first isolated by Fehleisen,[3] is a specific strain of hemolytic streptococcus which is generally accepted at the present time as the cause of the clinical condition, erysipelas. Birkhaug[4] has shown that 91.2 per cent erysipelas strains of streptococci belong in one group. The bacillus

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of swine erysipelas B. erysipelas-suis which was first described by Rosenbach[5] is now known to be the etiological agent in erysepeloid. This condition occurs frequently in the United States, but is often not diagnosed.

B. tularense, first isolated by McCoy,[5][7][8] has been shown by Francis[9] to be the cause of tularemia. Even though this condition is a bacteremia it will be discussed because of its cutaneous manifestations. The anthrax bacillus, while not found as frequently as pyogenic organisms is occasionally responsible for superficial suppurative processes in the skin. The reaction produced by the anthrax bacillus is less than that produced by pyogenic organisms.

SURGICAL PATHOLOGY.

The reaction resulting from the implantation of organisms in the body, varies. It depends upon, first, the virulence of the invading organisms, second, the number of the organisms, and, third, the local and general defense reaction (Walton Martin).[10] Because of the protective covering of the body, *i. e.*, the unbroken skin, it is impossible for organisms to gain entrance to the body unless some break in the continuity of this protective covering occurs. At the entrance of the hair follicles, sweat, and sebaceous glands this protection is less marked. A break in the continuity of the skin may vary from an extensive wound reaching into the depth of the body to such a slight wound that it is not recognized by the individual. The possibility of organisms gaining entrance to such normal structures as hair follicles, sweat, and sebaceous glands, wherein an inflammatory process may arise, as the result of stasis, must not be forgotten. Garre[11] produced furunculosis by rubbing a culture of staphylococcus aureus on his own arm.

The virulence and the number of organisms invading the host are extremely important in the resulting infection. Martin[10] considers three possibilities when bacteria gain entrance to the body:

1. Organisms are destroyed early, without there being any evidence of their having been present.

2. Because of the greater virulence of the organism or a larger number having been present, a local reaction of greater or lesser severity occurs.

3. Because of extreme virulence of the organisms and lack of resistance on the part of the individual, there is a rapid general invasion of the bacteria without the production of a local lesion.

In the first case, microscopically there is an increase in the cells and serum of the part, which is so small in amount, however, that there is no clinical evidence of it. The organisms are removed by the cells, principally the polymorphonuclear leukocytes, by the process of phagocytosis. Other important cells aiding in the removal of micro-organisms are the endothelial cells of the reticular-endothelial system which are also active phagocytes. These are spoke of as macrophages. In the second type, in which there is a local reaction, the process is very much the same as in the first, except that it is more marked. Here there is definite change in the vascular tree; there is marked dilatation of the arterioles, capillaries, and arteries. An active hyperemia occurs. The blood stream is at first increased in velocity but soon becomes slowed. The leukocytes which normally occupy an axial position in the capillaries migrate to the peripheral portion and become adherent to the capillary wall. The leukocytes migrate through the vessel wall and come to lie in the lymphatic spaces outside of the capillaries. There is an attempt on the part of the fixed cells of the part, as well as the wandering cells, to limit the infectious process from the rest of the body. Phagocytosis is carried out as in the stage in which there is no local reaction. The tissue spaces become filled and distended with serum which is rich in fibrin. The fibrin is deposited, producing an induration in the area. The serum, with its contained antibodies, agglutinins, and bacteriolysins is

an important protective factor. The toxins which are produced are diluted and possibly neutralized. The phagocytes produce enzymes, which not only digest the organisms following their ingestion, but also digest the destroyed tissue cells which have been acted upon by the toxin. In this way a breaking down of the process with liquifaction occurs. In the third type of reaction described by Martin,[11] due either to the marked increase in the virulence of the organisms or the lack of resistance on the part of the host, no local reaction results, but the invading organisms becomes disseminated throughout the body by the lymph and blood streams without their being inhibited or destroyed locally.

Lesions produced by the anthrax bacillus are characterized by a relatively few leukocytes, resulting in little tryptic digestion, producing relatively little liquifaction. As described by Martin,[11] the bacilli lie in the corium, especially in the papillar bodies. They can be seen extending into the subcutaneous tissue and into the lymph nodes.

Erysipelas is an acute streptococcic infection of the lymphatics of the skin. Pathologically multiplying streptococci are found in advance of the raised red area.[11] In the reacting red area masses of leukocytes are present, around the blood vessels, hair follicles and sweat glands. The tissue lymph spaces are filled with exudate under considerable tension and contain many streptococci. The process is largely localized in the dermis, and extends into the superficial layers of the epithelium producing blebs. Rarely the process may invade the subcutaneous tissues. Suppuration is rare but it may occur if the subcutaneous tissues become involved.

The histopathology in erysipeloid infections, as described by Gilchrist,[12] consists of an acute inflammation of the whole corium and slight inflammation of the subcutaneous tissue. The epidermis is thickened and invaded by numerous polymorphonuclear leukocytes. The ducts of the sweats glands are particularly involved in the inflammatory reaction. A large number of small lymphoid cells are found surrounding the blood vessels. No organisms are seen in the sections.

The early primary lesion of tularemia has never been examined microscopically. As described by Francis and Callender[13] the following changes occur in the condition. The early reaction consists of a "leukocytic response." The increase in cells consists principally of the epithelioid cells or histiocytes—there also being an increase in the polymorphonuclear cells. Giant cells of Langhans, similar to those found in tuberculosis are formed relatively early. Definite changes due to a reaction in the endothelium occur in the blood vessels which are similar to those seen in obliterative endarteritis. There is little increase in the fibrous tissue. Necrosis similar to caseation occurs in the neighboring lymph nodes and spleen. Because of the similarity to tuberculosis most lymph glands removed from patients suffering from tularemia have been given the diagnosis of tuberculosis.[14]

SYMPTOMS AND SIGNS OF SUPERFICIAL INFECTIONS.

Most of the superficial infections—at least those due to the pyogenic organisms—present most, if not all, the classical signs as described by Celsus, *i. e.*, rubor, calor, tumor, dolor, and *functio laesa*. Of these various signs the most important as regards early diagnosis is localized pain upon pressure—*i. e.*, tenderness. The redness is undoubtedly due to the increased vascularity of the part. The surface vessels are dilated as well as those in the immediate vicinity of the organisms.[11, 15] The increase in heat is probably due, to a certain extent at least, to the hyperemia. According to MacCallum[16] the increase in the rate of flow of blood is responsible for the increase in the heat, as the blood is not cooled as rapidly as normally. Gessler[17] demonstrated that there was an increased oxygen consumption by the cells in an inflammatory area. This he interpreted as evidence of an increase in metabolism, which he thought was the cause of the

heat occurring locally in inflammation. The swelling in inflammation is due to the hyperemia, increase in the size of the cells, and the filling of the tissue spaces with inflammatory exudate. The pain is probably caused by the pressure of the exudate on the nerve endings. It is greatest in those areas in which there is no expansion. "Chemical irritation of the nerve endings from products of protein decomposition" is supposed by some to be the cause of the pain.[15]

The disturbance in function is, in part, due to the pain and in part due to the effect of the toxins upon the involved structures.

As mentioned above, the earliest and, therefore, the most important sign in infection is localized tenderness; the area is often not larger than the head of a pin. In order to elicit this localized tenderness, it is desirable to employ a relatively small object such as a probe. Recently Kennon[18] advocated the use of a common match, in order not to frighten the patient.

In addition to the local signs of infection there are usually certain systemic signs. Malaise is present in most extensive infections. Fever may precede many of the local signs. It is an indication of bacterial destruction within the body.[11] Associated with the fever, and dependent upon it to a large extent, is an increase in the pulse rate which usually parallels the temperative curve. Leukocytosis is present in most infections. Associated with the increase in the number of white blood cells is a relative, as well as actual, increase in the polymorphonuclear cells. Leukocytosis and fever may be absent in overwhelming infections, as both are indicative of the reaction to the infection.

TYPES OF SUPERFICIAL INFECTION.

Localized abscesses: The most frequently encountered localized abscesses in surgery are furuncles and carbuncles. A furuncle is a localized staphylococcic infection involving a sebaceous gland, hair follicle, or a sweat gland. Infection of these structures would not occur unless, due to a trauma or to the blocking of the excretory duct, stasis results, which favors the development of organisms. Irritation, such as rubbing of a collar, may be responsible for the development of such infection. As emphasized by Martin,[11] the sebaceous glands are almost entirely endermic, whereas the sweat glands may extend deeper, even into the subcutaneous tissue. As a result of trauma, such as the pulling of a hair or some irritating lesion, organisms gain entrance to these normal structures and begin to multiply. Microscopically, all the signs of inflammation, as described above, are present.

Diabetes is an important predisposing factor because of the hyperglycemia, the increase in blood sugar favoring the growth of organisms. Adjacent hair follicles may become infected. The earliest symptoms produced by a furuncle are itching and stinging, later followed by severe pain, because the inflammatory process is located in the dense true skin. Redness and slight swelling, usually about hair, occur early. If treated properly a small area of liquifaction appears in the center of the lesion within a few days.

The treatment of a furuncle is, in the early state, conservatism—*i. e.*, avoidance of all trauma. Squeezing is mentioned only to be condemned, as it is usually responsible for the extension of the infection beyond the localized process. The application of heat in the form of moist compresses is of considerable value. After suppuration as occurred a small incision should be made over the suppurating area and the liquified material allowed to escape. Either dry or moist sterile dressings should be applied until the wound is healed.

Carbuncle: A carbuncle is an extensive subcutaneous infection usually caused by the staphylococcus, generally causing severe systemic symptoms. As emphasized by Martin,[11] the extension of the infection from the true skin structures into the subcutaneous tissue varies in different loca-

tions, and depends largely upon the amount of subcutaneous tissue, as well as the attachment of the skin to the subcutaneous tissue. A subcutaneous infection of the back of the neck produces considerable necrosis of the facial bands connecting the skin with the deep fascia because of their density. On the other hand, in those areas in which there is considerable loose areolar tissue, the development of a subcutaneous localized infection, which differs clinically from that of a carbuncle, is more apt to occur. In this instance a localized subcutaneous abscess results. A carbuncle is usually the result of a cutaneous infection, and is almost invariably preceeded by a furuncle. Usually a history can be obtained that the patient has attempted to treat the furuncle by squeezing it. By so doing the protecting pyogenic membrane has been broken, permitting the organisms to gain entrance into the subcutaneous spaces. An extension of the inflammatory process results, is evidenced by a brauny, red, painful, tender mass. Through several openings, as the case progresses, pus may exude, in contra distinction to a single opening in the case of a furuncle. A carbuncle is also especially prone to be associated with a hyperglycemia. The constitutional symptoms in a carbuncle may be quite severe, as evidenced by fever, chills, and even septicemia. Pathologically, the process is the same as that which occurs in furuncles, except that the necrosis, with its resulting slough, is very much greater, producing a large granulating wound.

The treatment of a carbuncle may be divided into conservative and radical. No case of furuncle or carbuncle should be treated without first determining whether the patient is suffering from diabetes, and even though no glycosuria is found, a blood sugar determination is indicated in order to detect the presence of a hyperglycemia. Pfahler[19] advises a reduction of the carbohydrates in the diet to a minimum in all cases of furunculosis. Bieber[20] treated furunculosis by administering 2 units of insulin daily for four days. As a result of this all furuncles disappeared.

A conservative treatment of furuncles and carbuncles is the treatment with vaccines. The treatment of carbuncles with vaccine is comparatively recent. Gruca,[21] in 1924, reported 150 cases of carbuncles and furuncles so treated, all of which recovered. In this number of 150 cases there were 12 cases of carbuncle of the face. The vaccine which he used contained staphylococci, streptococci, and bacillus pyocyaneus. This author advises the injection of 500 million organisms the first day, of 700 million the second day, 1000 million the third, and a 1000 million the fourth day. Following the injection of the maximum dose there was a slight shock, and within six hours after the injection the patient had a high fever and repeated chills. In a few hours the subjective inflammatory signs began to disappear. The pain and tenderness in the affected area subsided. In every case after 24 hours the subjective inflammatory signs had markedly diminished. Gruca[21] believes that the best results were obtained in infections of the face, because of the excellent blood supply of the part. The reactions which he obtained from this vaccine therapy were so severe that the patient had to stay in bed. The reaction was, however, much less severe than that resulting from multiple incisions under an anesthetic or from the injection of blood. Lyons[22] treated fifty cases of carbuncles located in various parts of the body by means of staphylococcus vaccine. Doses very much in excess of those ordinarily given were administered. The vaccine employed by Lyons stock mixed vaccine containing 100 million organisms per cubic centimeter. An initial dose of ½ c.c. is administered. The dose is increased ½ c.c. daily until 2 c.c. are administered. The results obtained by Lyons have been very satisfactory, there being a cure in every case with a definite shortening of the convalescence. The treatment as executed by Lyons is an ambulatory one permitting the patient to work while being treated.

The application of rest to the part is important in all infections. Livingston[23] even advises the application of a plaster of

Paris cast to the neck, in order to immobolize the head in carbuncle of the neck. Heat applied in the form of most dressings is of distinct value in all of these infections. Larkum[24] reported the results obtained from use of facteriophage in furunculosis. He employed this treatment in 66 cases, in 63 of which marked improvement was noted.

The injection of blood around localized infectious processes has been employed since 1908, when Mueller and Peiser[25] first injected defibrinated blood obtained from the patient into pyogenic abscesses. Rieder,[26] in 1922, observed that following the incision of furuncles and carbuncles that the resulting slough could be made to separate much ealier if the wound were packed with gauze soaked with horse serum. An injection of horse serum into the center of furuncles caused rapid sloughing. This technic was also employed in treating carbuncles.[27] Laewen,[28] in 1923, because of bad results obtained by the usual methods of treatment, advocated the circuminjection of blood in the severe localized infections—*i. e.*, neck and lip carbuncles. By the circuminjection of blood Laewen hoped to limit the infectious process by obliterating the veins and lymphatics and thus prevent the absorption of toxins and organisms. Hilgenberg and Thomann,[29] working in Laewen's laboratory, demonstrated that lethal doses of strychnin, cocain, or curare could be well tolerated when injected into the tails of mice if previously the tail proximal to the drug had been injected with blood. Beneficial results following the circuminjection of blood in suppurative lesions have been reported by Rieder,[30] Nourney,[31] Thomann,[32] Lenhart,[33] Kuhn,[34] Goljamizki,[35] and Carp.[36] In most of the cases, except those reported by Carp, the treatment consisted of the injection of blood combined with incision. The patients in Carp's series were treated only by the circuminjection of blood. Berndt[37] and Schlesinger[38] advise against the use of local injections in acute infections, the former preferring the roentgen-ray treatment of carbuncles of the face, the latter preferring excision of most carbuncles. Carp[39], in a later report, appears less enthusiastic about the circuminjection of carbuncles with blood than he did in his first publication. He states "Circuminjection of centogenous blood may be used in selected cases (carbuncles), and it is a valuable adjunct in accessible spreading infections treated by an other method."

In 1921 Heidenhain[40] advocated the use of roentgen-ray irradiation in cases of axillary furunclosis. The dose he employed was one-third of a skin erythema dose with a three mm. aluminum filter. In 1924 Heidenhain and Fried[41] reported beneficial results obtained from the roentgen-ray treatment in many types of inflammatory processes. Lewis,[42], Hodges,[43], Berndt,[37], and Carp[39] have employed this type of therapeusis with good results. The exact mechanism by which infection is controlled following irradiation is not understood. Heidenhain[40] believes that the beneficial effects are due to a general rather than local reaction. Kohler[44] and Schaefer[45], on the other hand, have demonstrated experimentally that irradiation exerts a powerful local effect in superficial infections. Kohler[44] produced a sterile inflammation in guinea pigs by injecting diphtheria toxin intracutaneously. After one to five days a piece of skin was excised and examined histologically.

The inflammatory edema and infiltration disappeared immediately after the irradiation. Schaefer[45] produced a bacterial inflammation in animals. Some of the inflammatory processes he treated with roentgen-ray irradiations. Another group of animals were irradiated without the production of a bacterial inflammation. Sections were removed after varying periods of time, ranging from 6 hours to 21 days. Schaefer found the following changes: in those animals which were only irradiated definite changes occurred in the muscle. There were signs of inflammation as evidenced by an increase in

the number of perimysial cells. The sections which had been both infected and irradiated differed considerably from those which had been infected alone. In the former group there was a much larger number of cells present and connective tissue proliferation was more marked. No difference would be demonstrated between the two groups before 6 hours. Schaefer believes, from his experimental work, that irradiation is effective in combating infections because of the increase in the inflammation. In his series of examinations the inflammation was greater in 45.8 per cent of cases, less in 29.2 per cent, and about the same in 16.7 per cent.

Bockenheimer,[46] in 1920, reported good results obtained in cases of localized infections following freezing with ethyl chloride. Knob,[47] employing the technic advocated by Bockenheimer[46], was unable to obtain any results with ethyl chloride. He obtained excellent results, however, by freezing the furuncle or carbuncle with carbon dioxide snow. Over a hundred cases treated in this way were reported.

In contrast to these conservative views, most surgeons believe that carbuncles, as soon as liquifaction has occurred, should be treated operatively. There is considerable difference of opinion concerning the method of treatment used. The Continental surgeons, as well as some of the American surgeons, favor complete excision of the inflammatory process, believing that in this way it is possible to completely extripate the process. Others are more conservative, and depend either upon crucial or multiple incisions, in this way decompressing the inflammatory area, which is under considerable tension and which is causing the patient's symptoms. A very satisfactory type of incision consists of multiple parallel incisions, each extending beyond the pyogenic membrane. In this way the inflammatory process is decompressed, drainage is allowed, and healing is favored, because the defect is not as large as that produced by the other types of incision and from the bridges of skin epithelization may occur.

The convalescence following the crucial incision or excision of a carbuncle is relatively long, because of the large defect which is produced following the separation of the slough. The separation of the slough may take several weeks. In order to hasten the separation, Rieder[26] advocated packing the wound with gauze impregnated with horse serum. Niedermeyer[48] employs a pancreatic ferment in wounds, containing considerable necrotic material.

Hendri[49] advocates the use of a pepsin-pregel iodine solution in acute suppurations. As shown by Schoenbauer[50], pepsin, in addition to being a digestant, has an antiseptic value. Bumm[51] introduces non pathogenic p r o t e o l y t i c bacteria into wounds containing sloughs. The organisms grow as long as the necrotic material is present. An enzyme produced by the organisms digests the necrotic material. Healing of large granulating wounds may be hastened by skin grafting.

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(To be continued)

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THE LOUISIANA STATE MEDICAL SOCIETY; AN EPTOMIZED HISTORY OF ITS FOUNDATION.*

On May 22, 1876, the Plaquemines Parish Medical Association" invited their professional brethren of Louisiana to unite with them in organizing a State Medical Association. May 14, 1877, the "Shreveport Medical Society" took similar action, and November 5, 1877, the first named society renewed its invitation, urging that a medical convention be held in New Orleans on January 14, 1878.

A number of physicians of New Orleans, under the leadership of Drs. S. E. Chaille, T. G. Richardson and S. M. Bemiss, long anxious to promote the object in view, adopted the suggestion of the Plaquemines and Shreveport Medical Societies and united in issuing a circular letter to the physicians of the state summoning them to meet in convention. These efforts resulted in success; the convention met on the fourteenth, and effected the organization of the Louisiana State Medical Association on January 15, 1878. Of the 58 Parishes of Louisiana in 1878 (there are now 64), 15 were represented. Of the 939 "physicians and surgeons" registered by the U. S. Census, there were 80 who became members of the Association. Of the 80 members who attended the first convention, 46 were from Orleans Parish, and the remaining 34 members were from the 14 country parishes represented. After a session of three days spent in perfecting an organization, the Convention adjourned on January 16, 1878, to meet in New Orleans on January 16, 1879. Dr. Samuel M. Bemiss, of Orleans, presided over the Convention and Dr. James C. Egan, of Shreveport, was elected President to serve at the first regular session which was held in New Orleans on April 8, 1879. Dr. Egan was not able to attend this meeting, and Dr. Bemiss, Vice-President elect, officiated as Chairman in his absence. The meeting of January 14, 1878, "was merely a *convention* to pave the way for the permanent organization of both state and Orleans Parish Societies and the 80 members of the profession who attended that meeting and signed the register, may, with good reason, be deemed the Founders of our State Society; and most, if not all, of the 46 members from Orleans Parish became the Founders of the Orleans Parish Medical Society."

*From the forthcoming history of the Louisiana State Medical Society by Dr. Rudolph Matas, based upon data furnished by Dr. S. E. Chaille in his two historical papers, "History of the two State Medical Societies organized in Louisiana—in 1849 and in 1878," New Orleans Med'l and Surg'l Jnl., Vol. VI, May, 1878, pp. 867 and 872, and, "Origin of the Orleans Parish and the State Medical Societies and the two chief purposes of the Founders," New Orleans Med'l and Surg'l Jnl., Vol. 63, May, 1911, pp. 781-795.

Drs. Chaille, Bemiss and Richardson are rightfully considered as the primal founders of the State and Orleans Parish Societies, for it was they who constituted themselves a committee to canvass the profession of the state and urge the most influential members in this city and parishes to unite with them in organizing a state society which would become a unit of the American Medical Association of which Dr. Richardson had been elected President in June, 1877. At the convention of 1878, Dr. Chaille was chosen annual orator and chairman of a committee for the permanent organization of both State and Orleans Parish Societies. The chief labor of preparing constitutions for these societies, as usual, was thrown upon the Chairman and proved to be very great. For, as Dr. Chaille, with his characteristic frankness, stated in his reminiscent address of 1911, "I had never studied and knew very little about such constitutions, hence to guide me, I secured and studied the regulations of over twenty state and every notable county and city society in the United States. From the very best of these numerous constitutions were selected those regulations that seemed the very best, adding others deemed very desirable. The result was unanimous approval, first, by the State Committee, then by the Orleans Parish Society on May 6, 1878, and, again, by our State Society, April 9, 1879; *and these were the dates of the permanent organization of our Societies.*"

And it is for this reason that the existence of the Louisiana State Society as a permanently organized and regularly constituted organization begins with April 9, 1879, and that of the Orleans Parish Medical Society dates from May 6, 1878.

The Constitution and By-Laws framed by Dr. Chaille for both Societies endured until about 1903, when both societies were chartered and new regulations were adopted, which, however, contain important relics of the regulations originally prepared by him.

In view of this fundamental work and the enormous and unremitting labor that Dr. Chaille unselfishly gave to the development and highest interests of this and the Orleans Parish Medical Society during the 10 years, 1877-1886, that he was Chairman of the Committee on Organization and Legislation of both Societies—he is legitimately entitled to recognition as the Father of the Louisiana State and Orleans Parish Medical Societies.

This historic right has been too fully and firmly established by Dr. Chaille's own recorded services and achievements to be questioned; and the honors accorded him during life and after his death, in 1913, abundantly testify to the profound respect in which he was held by his fellows, associates and successors in the two societies that he had contributed so effectively to bring into existence.

In justice to his coadjutors and eminent associates, Drs. Richardson and Bemiss, and of the 80 representatives of the profession of the city and country parishes who assembled at the Medical Department of the University of Louisiana on January 14, 1878, to organize the Louisiana State Medical Association, as a state unit of the American Medical Association, it is only right that their names should be recorded in the Archives of this Society as its founders. To this end the House of Delegates of the State Society unanimously voted, at the semi-centennial celebration held on April 8, 1929, that the names of these 80 founders should be included in the roll of honor of the Society and published in the official journal as a commemorative tribute to their service.

In compliance with this resolution the Journal publishes the list of the delegates to the Convention of 1878, as they are recorded in the register published in the Transactions of January 14, 1878. This list has very much the character of a memorial tablet since none of the signers of the Convention, with the single exception of Dr. Ernest S. Lewis, has survived the

viscissitudes of the 50 years that have elapsed since that memorable event.

Dr. Lewis, Professor Emeritus of Obstetrics and Gynecology of the Medical School of Tulane University, at the age of 89 years, attended the semi-centennial celebration on April 9, giving proof, by his genial presence, activity and perfect command of his faculties, that age is not measured by the Calendar. He is certainly the only living member of the 46 representatives of Orleans Parish, and as far as the Editor can ascertain, the only living survivor of the Convention. Quite apart from this rare distinction, the Society honored itself, at this meeting, by unanimously and enthusiastically electing Dr. Lewis to the Honorary Fellowship of the Society and presented him with the title and a citation that reflects the affection and esteem in which this eminent teacher and leader is held by his brethren of the profession and the people of New Orleans and Louisiana to whom he has devoted a life of generous professional and public service.

DISABLING SICKNESS AMONG INDUSTRIAL EMPLOYEES.

Statistics as to mortality rate in any given community are accessible and easily studied, yielding of course a tremendous amount of valuable information. On the other hand the phase of statistics which has not been gone into with any thoroughness is the study of disabling illnesses among workers in general industry. These statistics would be, if carefully and thoroughly compiled, of tremendous influence, because they might lead to preventative measures which would obviate the loss of time through illness.

The Public Health Service has been conducting such a study in the last few years. It is interesting to note the respiratory diseases cause 41.8 per cent of disabling illnesses; digestive diseases 13.7 per cent and non-industrial accidents 10 per cent. These three groups represent then practically two-thirds of disabling illnesses. In the respiratory group influenza and grippe accounted for nearly one-half in a seven year period of all the respiratory diseases. Diseases of the stomach, appendicitis and enteritis, as well as hernia were the most frequent numerically of the digestive diseases. Relatively high up in the statistics as a cause of disability was rheumatism.

It is of some interest to note that disabilities longer than eight days were 50 per cent higher among female than among male employees; that a low sickness rate was found among employees of iron and steel industries, although pheumonia was considered higher in this particular industry than the other industries represented in the statistics, and that the seasonal peaks of sickness were determined largely by the frequency of respiratory diseases, although the non-respiratory diseases as a group all showed greater prevalence in winter and early spring than summer and autumn.

A NEW EDITOR FROM MISSISSIPPI.

It is with very distinct feelings of regret that we have heard from the Mississippi State Medical Association that Dr. J. L. Ullman has been obliged to resign his position as Editor of the Mississippi Section of the New Orleans Medical and Surgical Journal. Dr. Ullman has found that it is impossible to carry the burden of editing his section of the journal in addition to the many outside activities he is engaged in, as well as conducting a busy and active surgical practice. As past president of the Mississippi State Medical Association and a distinguished Missisippian, Dr. Ullman has added prestige to the Editorial Staff of the Journal. He has also done much to further the purposes of the magazine and to make it a scientific journal of repute and value, as well as the medium for the expression of the ideas of the profession of the two southern states which it represents. Always an enthusiastic and hard worker, Dr. Ullman has

labored faithfully for the Journal. His resignation means a loss to the Journal which it will be hard to fill. Always he has been most faithful and cooperative in his editorial duties.

The regret that the Editorial Staff feels over the loss of Dr. Ullman is assuaged in part by hearing from Mississippi that Dr. Leon S. Lippincott is to become the editor representing this state. Dr. Lippincott is one of the most active men in medicine in the state, he is a scientist and a writer of note, and it has been through his efforts largely that the very active Tri-Counties Medical Association has become one of the leading medical societies in Mississippi. We feel sure that the Mississippi House of Delegates has an extremely wise choice in their selection, and we feel sure that the Journal is most fortunate in this appointment.

HOSPITAL STAFF TRANSACTIONS

CHARITY HOSPITAL MEDICAL STAFF

MEETING, MAY 21, 1929.

The first group of cases was presented by Dr. M. T. Van Studdiford. A white female child, aged 12 years, was presented with a marked dermatitis over the arms, neck, trunk and eyelids. This had been present since the age of 5 months. The diagnosis was probably one of toxic dermatitis, though the skin tests were negative for all food sensitization. The next case was of a negro male adult. This patient presented a striking picture, the entire tip and wings of his nose being completely destroyed. The Wassermann was negative and the case was thought to be one of lupus vulgaris. Dr. Van Studdiford indicated his intention to try the use of gold salts in this case. The third case was a white male adult who one year ago began to complain of stiffness of the back. The skin over the right buttock was very thick, brawny and stiff. The blood chemistry showed N. P. N. 63, sugar 100; Wassermann negative. The diagnosis was sub-acute scleroderma. A section of the skin had been removed for section, and had shown chronic inflammatory tissue with infiltration. The cases were discussed by Drs. Ralph Hopkins, J. A. Devron and N. F. Thiberge.

Dr. J. G. Stulb then presented a case of meningitis, which he regarded as one of central nervous system lues. The spinal fluid had been negative for meningococcus. The serum was tried with no results. The patient was then placed on mercurial rubs, with reported remarkable results. During the course of the treatment the patient developed appendicitis and was treated surgically for this. The patient received 750 grains of mercury a day by rubbing for four days. In the discussion which followed Dr. F. L. Fenno stated in his opinion the mercurial rubs did not cure the supposed luetic meningitis. He called attention to the face that the use of serum in cases of meningococcus meningitis may produce a positive Wassermann.

Dr. Ralph Hopkins presented the third group of cases. A colored male patient with a papullar eruption of 25 years duration, which looked like a typical papullar syphilid. Mixed treatment had been tried with no results. Two Wassermanns had been negative. The condition was regarded as one of multiple fibromata or an unusual Von Recklinghauser's disease. The patient had pigmented patches over the body and condytomata around the anus, which added to the confusion of the diganosis.

WILLARD R. WIRTH, M. D.

HOSPITAL STAFF TRANSACTIONS VICKSBURG SANITARIUM AND CRAWFORD STREET HOSPITAL.

Staff Meeting, June 10, 1929.

Abstract: Trachelo-Hysterectomy. Dr. J. A. K. Birchett, Jr.

Patient: Colored, female, aged 17 years, married, farmer, admitted to hospital May 23, 1929.

Complaint: Pregnant, full term; has been in labor 48 hours. Midwife had been unable to deliver; physician called and applied forceps but unable to deliver. Another physician called in consultation and it was decided that patient was too shocked for further manipulation.

Past history: Not remarkable. Menstruation regular since age of 13; lasts four to five days. Last menstruation, August, 1928.

Physical examination: Temp,. 101° F.; pulse, 120; respiration, 24. Short, fat, well developed and nourished, apparently acutely ill. Extremely shocked; complains of pains in lower abdomen which is distended to size of full term pregnancy. Vulva edematous and acutely tender to touch; passage of blood clots from vagina.

Procedure: As there was evidence that delivery was impossible through the birth canal, due to contracted pelvis and large baby, immediate

Cesarian section was decided upon. Because of previous manipulation and instrumentation with probability of infection, a procedure was chosen which would give more protection to the general peritoneal cavity than the usual operation through the fundus of the uterus. The operation of choice was the cervical Cesarian section after the the method of Kroenig, with retro-vesicular or sub-peritoneal incision of the cervix. Patient was given 1,000 c.c. glucose solution intravenously, and under gas-ether anesthesia, a low median incision was made, bringing to view the cervical portion of the pregnant uterus. The vesical reflection was picked up and incised, after the upper portion of the wound had been carefully packed off from the upper abdominal cavity, to keep the flow of uterine contents from infecting the peritoneal cavity. The bladder reflection was then separated and pushed down with the bladder as in doing hysterectomy.

A vertical incision was made in the cervix, extending well down towards the external os, and the head of the child appeared. Forceps were applied and the child extracted. There was considerable bleeding after the delivery of the placenta, but none while incision was being made in the uterine wall. The hemorrhage was controlled by hot packs in the uterus while the incision was sutured. The dissected bladder and peritoneum were then placed in normal position, the peritoneum of the vesical reflection being sutured to the flap of the uterine portion, making the incision in the cervix extraperitoneal. The abdomen was closed without drainage.

Patient had a stormy convalescence for six days because of sepsis from infection during instrumentation, but there was no evidence of any general peritoneal infection. Glucose solution was given daily, mercurochrome solution was administered, and on the tenth day a blood transfusion. No donor had been available previous to that time. Temperature then dropped to normal and patient and child are well at this time.

Conclusion: If Cesarian section is to be performed in a case previously infected from attempted delivery, the low operation is always indicated as the best means of preventing general peritonitis, which may be caused by spilling of uterine contents into the peritoneal cavity when the incision is made through the fundus.

Abstract: Extensive Third-Degree Burns. Dr. H. H. Johnston.

Patient: White, female, aged 28 years, admitted to hospital March 16, 1929.

Complaint: Severely shocked. Two hours before admission while attempting to light a kerosene stove, which had been filled with gasoline by mistake, stove exploded, saturating her clothes and buring her severely before her husband could extinguish the flames.

Past history: Chronic nephritis, nephrolithiasis, and hypertension during past six years. Two years ago had a ruptured appendix and gangrene of intestines; six inches of intestine were removed.

Family history: Not remarkable.

Physical examination: Temperature, 97.2° F.; pulse, 86; respiration, 18. Well developed but rather obese, obviously in extreme pain and in a state of shock. Pulse, weak; blood pressure, 140/110. The entire anterior surface of the chest and abdomen was burned to either a second or third degree depth. The entire surface of lower two-thirds of left forearm and hand was deeply burned, mostly to a fourth-degree. The right forearm and hand showed a second-degree burn. The anterior surfaces of both thighs, legs and feet were burned, ranging from a second- to a fourth-degree depth.

Blood examination: Leukocytes, 30,000; differential leukocyte count, small mononuclears, 3; large mononuclears, 7; polymorphonuclears neutrophils, 90; Wassermann and Kahn tests, negative.

Urine: Slight trace of albumin; numerous leukocytes and numerous fresh red blood cells.

Procedure: One thousand c.c. of glucose and saline solution was given immediately intravenously and repeated every twelve hours. Caffein sodium benzoate was given every three hours until patient had recovered from shock. Under aseptic conditions the larger blebs were puncturned and the entire burned surface was sprayed with 1 per cent picric acid, repeated as soon as one application was dry for the following two days. Butysin picrate ointment was applied on light dressings over the more painful burns. On the third day after admission patient was placed under an electric baker and dressings were removed. Glucose was continued, 1,000 c.c. in the vein, daily for the following five days. The picric acid spray was continued daily with butysin picrate dressings over the raw granulating surfaces of the left breast, abdomen, thighs and knees.

Five weeks after admission skin grafting by the Reverdin method was started. The medical and anterior aspects of the left knee and lower thigh were first grafted. Ten days later the right knee, both thighs, abdomen and breats were grafted by the same method.

At present practically all grafts have taken and are growing well.

TRANSACTIONS OF THE PRESBYTERIAN HOSPITAL CLINICAL SOCIETY.

The last meeting, until the autumn, was held on May 30, with Dr. John W. Lindner presiding as chairman. After the usual business, the deaths which had occurred during the previous month were discussed. These cases were liberally discussed by the staff, and a number of interesting points were brought out.

Following this, Dr. Loria presented a short paper on intracranial hemorrhages, and presented a case of middle meningeal hemorrhage, which had developed a right hemiplegia. This patient had been struck over the left ear with a golf ball. Over a period of six days he developed a right hemiplegia and loss of speech. At the end of this time he developed a typical epilepsy convulsion and was, accordingly, craniotomized. A large clot the size of a silver dollar and nearly 1 cm. in thickness was removed from the region of the pre-central gyrus and Broca's area. The patient made an uneventful recovery and regained all his functions and faculties.

The paper was liberally discussed, especially by Dr. H. R. Unsworth, who spoke on the neurological aspect of this subject; and Dr. Edwin Socola, who briefly, reviewed hemorrhages of this type in the new born.

FRANK L. LORIA, M. D.

TRANSACTIONS OF THE CHARITY HOSPITAL SURGICAL STAFF.

The regular monthly meeting of the surgical staff was held on May 15, with Dr. Graffagnino presiding as chairman. At the end of the meeting it was decided to suspend all meetings of the section for the summer months.

After the usual business the section was presented with and discussed elaborately, three very interesting cases. These cases were picked from the deaths which occurred in the surgical departments during the month of March.

The first case was that of a colored female, 18 years of age, who was edematous all over. Her condition had been very carefully studied in the medical wards of the hospital, and sometime after her admission it became necessary to transfer her to the surgical services. Here a decapsulation of both kidneys was done under spinocain anesthesia. It was of interest to note, however, that after one kidney was decapsulted, the patient was turned to the other side, and it became necessary to administer ethylene. This latter side of the patient had remained unanesthetized. In the discussion which followed, it was brought out that the spinocain was of the light variety, and as the patient had probably not been permitted to lie on her back, the anesthesia only affected those roots on the side first operated. The patient improved for a while, but the condition recurred and she died about one month after operation.

Case number two was that of a colored male, 15 years of age, who was admitted to the hospital with symptoms very closely simulating those of a subacutely perforating gastri ulcer. In fact, even the x-ray department concurred in the opinion. However, exploration failed to reveal any such pathology; and after removal of the appendix nothing more was done. The patient devloped symptoms of general peritonitis after the exploration, and died. This case was also operated under spinocain anesthesia. It must be added that the only pathology found was a dilated duodenum. This case provoked some discussion of interest. It was opined that this might have been a case of congenital syphilis, and that the patient had gastric crises, very much simulating gastric ulcer.

Another very interesting case was that of a white male, 43 years of age. This patient was admitted to the hospital following at three weeks' illness at home. On admission he was carefully studied, and a little later explored. The patient left the table in very poor condition and died soon after reaching the ward. A study of his blood picture showed a leucopenia with a neutrophilic count of 84 per cent. The Widal test was also positive. Autopsy revealed a perforation of the small intestine. In the discussion which followed, it was thought this might have been a case of perforation of a typhoid ulcer.

FRANK L. LORIA, M. D.

TRANSACTIONS OF ORLEANS PARISH MEDICAL SOCIETY

During the month of June, besides the regular meeting of the Board of Directors, the Society held one joint clinical meeting with the Charity Hospital Staff and one regular scientific meeting.

At the clinical meeting cases were presented by Drs. Homer Dupuy, I. M. Gage and Alton Ochsner.

At the scientific meeting papers were read and discussed as follows:

The Significance and the Limitations of the Radiogram in the Diagnosis of Oral Sepsis.

By.....Dr. Sidney L. Tiblier

Discussed by Dr. Lucien A. Fortier

Cesarian Section in New Orleans 100 Years Ago.

By.....Dr. A. E. Fossier

Discussed by Dr. E. L. King

The following doctors were elected to active membership in the Society:

Drs. E. Z. Browne, F. W. Dirmann, Ben R. Heninger and David R. Womack.

During the past month two members died. Dr. Albert R. Thomas and Dr. Ernest B. Weinfield.

The thirty day grace period on the group insurance will expire July 3rd. The members are requested to send in their checks for this insurance not later than the above date in order that we may send the Society's check to the home office on the due date.

An organization meeting of the New Orleans Chapter of the Woman's Auxiliary was held on Thursday, June 27, at the Hutchinson Memorial Building.

The members of the Society are requested to send in their pictures for the history of the Orleans Parish Medical Society.

TREASURER'S REPORT.

Actual Book Balance, April 30	$964.32
Receipts for Insurance	1,292.49
Receipts during May	481.86
	$2,738.67
Expenditures in May	477.94
ACTUAL BOOK BALANCE	$2,260.73

LIBRARIAN'S REPORT.

Fifty-three books have been added to the Library during May. Of these 34 were received by gift, 7 by binding and 12 from the New Orleans Medical and Surgical Journal. A list of new titles of recent date is appended.

A list of Journal wants to complete files is being prepared and we hope to make an intensive effort to complete and bind as many of these files as possible in the near future.

Donors of the month are as follows:

Dr. H. R. Unsworth.

Hoagland Laboratories, Brooklyn.

Vanderbilt University School of Medicine Library.

St. Louis University School of Medicine Library.

University of Illinois College of Medicine Library.

Kings County Medical Society Library.

Medical College of the State of South Carolina.

University of Nebraska College of Medicine Library.

Dr. W. A. Pusey.

College of Physicians, Philadelphia.

Government Printing Office.

NEW BOOKS.

Ambard—La reserve alcaline. 1928.

Connor—Surgery in the Tropics. 1929.

Brain—Recent Advances in Neurology. 1929.

Evans—Spinal Anesthesia. 1929.

Kaufmann—Pathology. 3 v. 1929.

Harvey — DeMotu Cordis — Leake Translation. 1928.

Gradwohl—Blood and Urine Chemistry. 1928.

Maranon—Climacteric. 1929.

Pettinari—Greffe Ovarienne et Action Endocrine. 1928.

Bass & Johns—Laboratory Diagnosis. 1929.

U. S. Child Welfare Service—Child Welfare Extension Service. 1929.

H. THEODORE SIMON, M. D.,
Secretary.

LOUISIANA STATE MEDICAL SOCIETY NEWS

H. Theodore Simon, M. D., Associate Editor.

NEXT ANNUAL MEETING OF STATE MEDICAL SOCIETY.

The 1930 Annual Meeting of the Louisiana State Medical Society will be held in Shreveport, April 29, 30 and May 1. Dr. J. M. Bodenheimer, of Shreveport, has been selected by the Shreveport Medical Society to serve as Chairman of the Committee on Arrangements for the above meeting.

CHAIRMEN OF SECTIONS.

The following Chairmen of Scientific Sections for the meeting of the Louisiana State Medical Society, Shreveport, April 29, 30 and May 1, 1930, have been appointed by the President:

Medicine and Therapeutics — Dr. Robert G. Douglas, Shreveport.

Pediatrics—Dr. J. A. Crawford, Lake Charles.

Nervous Diseases—Dr. J. Dalton Young, Shreveport.

Bacteriology and Pathology—Dr. L. A. Hebert, Lake Charles.

Public Health and Sanitation—Dr. Marvin Cappel, Alexandria.

Gastro-Enterology—Dr. J. W. Faulk, Crowley.

General Surgery—Dr. Jas. T. Nix, New Orleans.

Gynecology and Obstetrics—Dr. Lucien A. Ledoux, New Orleans.

Eye, Ear, Nose and Throat—Dr. Jules Dupuy, New Orleans.

Urology—Dr. Edward McCormac, New Orleans.

Radiology—Dr. Leon J. Menville, New Orleans.

Orthopedic Surgery—Dr. H. Theodore Simon, New Orleans.

Those desirous of reading papers should communicate with the various Chairmen as promptly as possible. The program for each Section must be in the hands of the Secretary-Treasurer not later than February 28, 1930.

ST. LANDRY PARISH MEDICAL SOCIETY

Opelousas, Louisiana.

May 27, 1929.

Editor, New Orleans Medical and Surgical Journal,

1551 Canal Street,

New Orleans, La.

Dear Sir:

The following resolution was adopted unanimously by the St. Landry Parish Medical Society at a meeting of that Society on May 22, 1929. In accordance with the terms of this resolution a copy of the resolution is now being sent to the persons and institutions mentioned in the last section of the resolution:

"Whereas, it hath pleased an All-Wise Providence to remove from our midst the following members of the St. Landry Parish Medical Society:

Dr. Theo. T. Tarlton, of Grand Coteau;

Dr. Abbe C. Durio, of Arnaudville;

Dr. G. W. Martin, of Arnaudville;

"Resolved, That, while we deplore the severance of all earthly ties, we bow in humility to the fiat of fate, in the hope that our deceased brethren have been translated to a sphere where sorrow and pain are no more, where they may awake to a realization that:

"There is no death! What seems so is transition;
The life of a mortal breath
Is but a suburb of the life Elysian,
Whose portal we call earth."

Further resolved, That this be spread on the minutes and copies sent to the families of deceased, to the St. Landry Clarion, Herald, Era, St. Martin Banner and Messenger, and the Official Journal of the State Medical Society.

WILSON W. KNOWLTON, M. D.,
Secretary-Treasurer, St. Landry Parish Medical Society.

Dr. O. W. Bethea, Professor of Therapeutics in the Graduate School of Medicine of The Tulane University of Louisiana, delivered the commencement address at the graduation exercises of Emory University of Atlanta, between June 7 and June 11, 1929.

Dr. Henry Daspit, Dean and Professor of Psychiatry of the Graduate School of Medicine, and Professor of Neurology and Psychiatry of the School of Medicine, The Tulane University of Louisiana, attended the meeting of the American Neurological Association held at Atlantic City the week beginning May 27, 1929.

Assistant Surgeon C. J. Van Slyke. Relieved from duty at Marine Hospital, New Orleans, La., on June 1, and assigned to duty at Marine Hospital, Detroit, Michigan.

THE SAMUEL D. GROSS PRIZE

Fifteen Hundred Dollars

Essays will be received in competition for the price until January 1, 1930

The conditions annexed by the testator are that the prize "shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical Practice founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page it shall be stated that to the essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 19 S. 22d St., Philadelphia," on or before January 1, 1930.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays, if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

WILLIAM J. TAYLOR, M. D.
JOHN H. JOPSON, M. D.,
EDWARD B. HODGE, M. D.,
Trustees.

Attention is called to the new advertisement of Hoffman-LaRoche Co., Inc., with changd address and title.

PERMANENT RESULTS OF EMERGENCY RELIEF—An official of the United States Public Health Service has said that there have been two floods of late in the Mississippi Valley, one the inundation of 1927 and the other a flood of public health development through the creation of county health organizations staffed by full-time doctors, sanitary inspectors, and nurses.

Before the American National Red Cross and other agencies had completed an unusually well-organized and efficient emergency campaign for the rescue, protection, and assistance of the thousands of flood sufferers of seven states, a conference of representatives of the United States Public Health Service, the departments of health of the states concerned, the American National Red Cross, and the Rockefeller Foundation was held in New Orleans. A cooperative plan was worked out for the creation of full-time health organizations in the 100 counties which had been affected by the flood. Each agency pledged a contribution towards a total sum which, with local contributions, would provide the necessary support.

This attempt to capitalize a disaster for permanent progress has been gratifyingly successful. In 1928 eighty-five of the 100 counties maintained full-time health organizations. Not one slipped back to the old part-time plan. Reports show that a large amount of constructive health work was done in sanitation, in reporting and control of communicable diseases, in maternal, infant, and school hygiene, and in health instruction of the public. Of the total cost of maintaining these organizations the Rockefeller Foundation bore nearly one-quarter.

But more than money was needed to organize the eighty-five counties. Competent men and women with knowledge, wisdom, and loyalty were essential. A certain number of trained or experienced persons were available. Others were lent for a time by state and city health departments until permanent appointees could be found. Even so, many posts were vacant. The burden of giving a short intensive training to men and women who offered themselves for local health service, especially in the flooded area, was assumed by the Foundation. Since July 1, 1927, at two field stations, one at Indianola, Mississippi, and the other at Greenville, Ohio, 72 physicians, 102 nurses, and 105 sanitary inspectors have taken this training at a cost to the Foundation of $43,625.66. —Information Service of the Rockefeller Foundation.

MISSISSIPPI STATE MEDICAL ASSOCIATION NEWS

S. Lippincott, M. D., Associate Editor

The Tate County Medical Society held its regular meeting on June 5, with the following program:

Eye Conditions Frequently Met in General Practice—Dr. H. W. Qualls.

The Preventative and Curative Treatment of Diphtheria and Scarlet Fever—Dr. Gilbert Levy.

Some Causes for Prolonged Labor—Their Management—Dr. W. T. Pride.

Surgical and Non-Surgical Goitre—Dr. J. A. Crisler, Jr.

Sudden Heart Failure—Dr. Whitman Rowland.

Dr. H. L. Murphey was selected to arrange a program for the next meeing of the society on August 7.

Dr. M. H. McRae, of the McRae Hospital and Clinic, Corinth, is enjoying a vacation of a few weeks on the Gulf.

Dr. W. W. McRae, Superintendent of the McRae Hospital and Clinic at Corinth, is leaving soon for a vacation in the Northwest. While away, he will attend the meeting of the American Medical Associaion in Portland, Oregon.

The Mississippi Methodist Orphan's Home at Jackson has a finely equipped hospital department of six beds, with sanitary tables, roller chair, bath room, laboratory and a complete set of china for exclusive hospital use. The main room may be used for a sun parlor. The hospital can be completely closed from the main building should contagious diseases occur. Rev. B. F. Lewis is superintendent and Dr. D. W. Jones is house physician.

Dr. Paul S. Carley, health officer, with headquarters at Belzoni, has resigned to take a position in Jamaica. Dr. Carley has been most successful and has the well wishes of the Delta Medical Society. Dr. W. W. Scott, of Jackson, will take over the work of Dr. Carley.

Dr. E. S. Roberts, house physician at the South Mississippi Charity Hospital, has resigned to enter private practice.

Dr. Temple Ainsworth, formerly house officer with Dr. R. H. Crawford, is now a member of the Staff of the South Mississippi Charity Hospital.

Dr. Louis M. Magee, formerly of Touro Infirmary, is now house officer at the South Mississippi Charity Hospital.

Dr. R. H. Foster, superintendent of the South Mississippi Charity Hospital, attended the international convention sponsored by the American Hospital Association, at Atlantic City, June 13 to 21.

The South Mississippi Medical Society met at Laurel on June 13.

The following from an honored former president of the Association is of interest:

"J. S. Ullman, M. D.,

"Natchez, Miss.

"Dear Dr. Ullman:

"Having been confined to my home for two and a half years from paralysis and a fractured hip, I have been denied the privilege of attending our state medical association, which I very much regret. However, I am not unmindful nor unappreciative of 'sympathy and good wishes' extended to me by 'wire and letters' from the association at large and the club of 'ex-presidents.' Our association, I think, is one of the best in the South and is the peer of any. I expect it to go onward and upward into the higher realms of achievement for the good of humanity. May the 'Great I AM' bless each one and may we all, at last gather around the 'Great White Throne' and discuss matters for the future welfare of our kind who are or will be still on earth.

"I remain, sincerely,

(Signed) "J. W. YOUNG,
"Grenada."

Dr. B. D. Blackwelder, who has been ill in the Natchez Sanatorium, is reported to be well on the road to recovery.

A son, William Burns Stowers, was born to Dr. and Mrs. W. K. Stowers on May 22.

The Pike County physicians have withdrawn from the Tri-County Medical Society and were granted a charter at the meeting of the State Medical Association in May. The members of the Tri-County Society wish them "God-speed."

The Tri-County Society, now composed of physicians of Copiah, Lincoln, Walthall and Lawrence Counties, met June 11 at Monticello. A "fish-fry" preceded the program, which was as follows:

Intussusception—Dr. A. B. Harvey, Tylertown.

Spastic Colon — Dr. D. T. Langston, New Hebron.

Prophylaxis During Labor—Dr. W. M. Biggs, Osyka.

Dr. B. S. Waller, of Silver Creek, is president of the society, and Dr. J. R. Markette, of Brookhaven, is secretary.

The King's Daughters Hospital at Brookhaven was inspected by a representative of the American College of Surgeons recently, and is expected within a few months to be admitted as a fully accredited hospital. Dr. W. H. Frizell is chairman of the staff; Dr. G. S. Ramsey is vice-chairman and Dr. O. N. Arrington is secretary. Monthly meetings of the staff are held with regular programs and a full discussion of the work of the institution.

Dr. J. M. Dampeer, of Crystal Springs, member of the State Board of Health, is fast regaining his health and resuming office practice. He returned from the Mayo Clinic late in April.

Dr. F. J. Underwood, Executive Officer of the State Board of Health, and his wife, have the sympathy of the members of the Association in the illness of their daughter.

Dr. Hugh Haralson Johnston and Miss Hazel Deloach Pond, both of Vicksburg, were married on June 20. A reception in the new Hotel Vicksburg followed the ceremony. Dr. Johnston has been house physician at the Vicksburg Sanitarium for the past year. He is the son of Dr. Sidney W. Johnston, a past president of the State Medical Association.

Dr. H. C. Denson, formerly of Vicksburg, has entered practice at Newellton, La.

The Tate County Medical Society held its April meeting at Senatobia with the following program:

Conservative and Radical Surgery of the Sinuses and Mastoid—Dr. W. L. Howard.

The Value of Spinal Fluid in Clinical Examinations—Dr. R. C. Bunting.

Conservative Treatment of Osteomyelitis in Children—Dr. E. T. Lipscomb.

Myxedema—Dr. Lyles Motley.

Treatment of Chronic Diseases of the Nasal Accessory Sinuses—Dr. W. L. Simpson.

After the program several cases were presented, and refreshments were enjoyed.

Visitors: Drs. W. L. Howard, R. C. Bunting, W. L. Simpson, E. T. Lipscomb, and Lyles Motley, of Memphis; T. M. Dye, D. V. Galloway and J. B. Mitchell, of Clarksdale; George H. Wood and W. C. Lester, Batesville; T. P. Hall, Nashville; A. P. Alexander, Como; Jim Williams and B. R. Scott, Dentists, Senatobia.

Dr. W. D. Smith is president of the society and Dr. J. Sidney Easton is secretary.

At the regular monthly meeting of the Staff of the Vicksburg Sanitarium and Crawford Street Hospital the following Special Case Reports were presented:

Enlarged Thymus in the Newborn—Two cases—Dr. G. M. Street.

Trachelo-hysterotomy—Dr. J. A. K. Birchett, Jr.

Chorea—Dr. L. J. Clark.

Extensive Third-Degree Burns—Dr. H. H. Johnston.

At the regular meeting of the Issaquena-Sharkey-Warren Counties Medical Societies, held on June 11, the following scientific program was enjoyed:

Mercurial Poisoning from Kidney Lavage with Mercurochrome—Dr. Guy P. Sanderson, Vicksburg.

Notes on Whooping Cough—Dr. G. W. Gaines, Tallulah, La.

Angina Pectoris vs. Coronary Thrombosis—Dr. L. J. Clark, Vicksburg.

The annual meeting of the Mississippi State Medical Association to be held in Vicksburg in 1930 and the annual meeting of the Society in December were discussed and preparations for these two events will begin immediately.

The Society adopted resolutions opposing the proposed increased tariff on surgical instruments.

Dr. S. W. Johnston presented an interesting report of the recent meeting of the State Medical Association, and presented some rather startling information in regard to the interest of Mississippi physicians in the Journal of the American Medical Association, as follows:

I wish to bring before the Society tonight a matter which really belongs to the entire Medical Fraternity of Mississippi, and that is the unenviable position that the Mississippi physicians occupy in reference to fellowship in the American Medical Association. First, I want it understood that I am in no way connected with the publication of the Journal of that Association nor am I soliciting subscriptions for that Journal. My only reason in bringing this matter before the Society tonight is my humiliation in learning that Mississippi has the lowest percentage of subscribes to the Journal and the lowest percentage of fellowships in the American Medical Association of any state in the Union. There are approximately 1,680 physicians in Mississippi; of this number 1,020 belong to the Mississippi Medical Association in 1928; 344 are fellows of the American Medical Association. Of the 1,680 doctors in the state 542 subscribed for the Journal. Of the 660 men in Mississippi who do not belong to the Mississippi Medical Association 198 of them subscribed for the Journal. This is not quite 30 per cent. Of the 1,020 doctors who belong to the Medical Association 344 take the Journal which is approximately 33 per cent, so really after all the men who are not members of the Mississippi Medical Association are almost as much interested in what is happening in the medical world as those who are members. Of the 1,680 physicians in

Mississippi only 32 are interested enough in Medicine as to take the leading Medical Journal of the world. I hold in my hand this week's issue of the American Medical Journal. There are 116 pages of advertising matter and 87 pages of medical news. This Journal comes every week and covers practically all the medical news of the world. The price is less than ten cents a week, not quite one package of cigarettes costs you. Don't you think that when 32 of the physicians in Mississippi are interested enough in medicine to subscribe to the Journal it is humiliating and embarrassing to those who have the interest of the profession at heart? I hate to compare Mississippi with New Jersey and North Dakota with 77 of the physicians taking the Journal with Minnesota 75, Illnois 74, Wisconsin 72, and Connecticut and Arizona 71. It does seem to me that we ought to raise ourselves from the lowest position to at least the next to the bottom. Let us make a conservative effort to have every physician subscribe for the Journal of the American Medical Association.

At the meeting of the staff of the Mississippi State Charity Hospital, Vicksburg, held June 13, the following officers were elected:

Chairman, Dr. B. B. Martin, Vicksburg; First Vice-Chairman, Dr. W. C. Pool, Cary; Second Vice-Chairman, Dr. C. L. Green, Utica; Secretary, Dr. H. C. Dilworth, Vicksburg; Executive Committee, Drs. L. J. Clark, C. J. Edwards and Vincent Bonelli, all of Vicksburg.

The staff voted to meet on the thirteenth of each month.

In making his report for the first year of the hospital under his supervision, Dr. A. J. Podesta, Superintendent, told of the improvements which had been made, including a new motor ambulance, new sterilizing battery for the operating room, new complete x-ray equipment, children's ward, new kitchen range, general repair of lighting, plumbing and steam heating systems, new instruments and surgical supplies for the operating room, and a new nurses' home with 17 rooms, now about one-third completed.

Scientific papers presented:

Pyelitis in the New Born—Dr. Vincent Bonelli.

Discussed by Drs. W. H. Hamley, Lake Providence; B. B. Martin, Vicksburg; W. C. Poole, Cary, and A. J. Podesta, Vicksburg.

Spinal Anesthesia—Dr. H. C. Dilworth.

Discussed by Drs. P. S. Herring, L. J. Clark, B. B. Martin and A. J. Podesta, all of Vicksburg.

The Central Medical Society held its regular May meeting on the twenty-first at Jackson. Dr. T. P. Sparks read a very excellent paper on "Arthritis," which was generally discussed. Dr. Henry Boswell gave an interesting talk on the "Non-Tubercular Diseases of the Lungs With Special Reference to Differential Diagnosis."

A number of members made brief talks on different phases of the recent State Medical Association meeting. They had been especially appointed in advance to take notes on the different aspects of the work, and the scientific papers at Gulfport, and their reports constituted a resume of that program which proved to be most interesting.

The June meeting of the Central Medical Society was held on the eighteenth at Jackson. The physicians of the Insane Hospital had charge of the program and presented special papers along the line of their work. Dr. Mitchell told of the plans for the new and greater hospital; Dr. Miller spoke on "Toxic Psychoses"; Dr. Banks spoke on "Psycho-Neuroses," and Dr. Monroe brought out the importance of early diagnosis of pellagra.

The average attendance at these meetings is about fifty and there is never any lack of snappy discussions.

The Tri-County Medical Society held a good meeting at Monticello on June 11, with the largest attendance in years, good essays and free and constructive discussions. The Society appointed the vice-president from each county to be official reporter of all news of interest to the profession for the Journal.

At a regular meeting of the Staff of the Natchez Sanatorium, on June 11, 1929, the following officers were elected:

Dr. J. W. D. Dicks, President.
Dr. Marcus Beekman, Vice-President.
Dr. W. K. Stowers, Secretary.
Executive Cmmittee:
Dr. J. S. Ullman.
Dr. R. D. Sessions.
Dr. L. S. Gaudet.

Dr. and Mrs. H. S. Goodman, of Cary, attended the graduation of their son, H. B. Goodman, at Tulane. He won a Charity Hospital interneship.

Dr. J. B. Benton, of Valley Park, recently lost his office and all its contents by fire.

Dr. M. J. Few, of Rolling Fork, recently installed a small x-ray outfit in his office.

Sharkey County under the supervision of Dr. A. K. Barrier, Health Officer, will hold a preschool clinic at Anguilla on June 20.

The daughter of Dr. and Mrs. L. E. Martin, of Anguilla, who graduated from M. S. C. W. this year, is spending a part of the summer in Europe.

BOOK REVIEWS

History of Medicine: By Fielding H. Garrison, A. B., M. D. Philadelphia. W. B. Saunders Company. 4th Edition. 1929. pp. 996.

The fourth edition of the best one volume book on the history of medicine contains considerable new matter which has been added since the last edition (1922). The general format and arrangement of the book has been unchanged, but new illustrations have been added as well as considerable extention on the section the modern period. It is very interesting to observe the increased interest that is taken by the medical profession in medical history since the first edition of Garrison's book. There seems to be a revival of the cultural phase of medicine, credit for which must be given almost entirely to Dr. Garrison.

J. H. MUSSER, M. D.

Manson's Tropical Diseases: A Manual of the Diseases of Warm Climates: Ed. by Philip H. Manson-Bahr, D. S. O., M. A., M. D., D. T. M. and H. Cantab, F. R. C. P. Lond. 9th ed. rev. New York. Wm. Wood and Co. 1929. pp. 921.

It is always a pleasure to review this standard manual of tropical medicine. A comparison of each new edition with the previous one provides an excellent perspective of the recent progress in this important field. While much has been done in recent years in the epidemiology and prophylaxis of the diseases of warm climates, Dr. Manson-Bahr lays particular emphasis in this edition on the therapeutic aspects of the subject, "in recognition of the paramount position that clinical study and clinical methods still hold." In other words, the happy days has not yet come when the clinician can become a hygienist and sanitarian pure and simple. Thus the greater part of the new material, incorporated into the new edition, is devoted to diagnosis and treatment.

Among the newer contributions to tropical medicine which the author has found to be sufficiently accepted to incorporate into the manual are the following: the newer information on the histopathology and treatment of kala azar, and the new clinical entity "dermal leishmanoid"; the recent contributions to beri beri; the more standardized differential diagnosis between bacillary and amoebic dysenteries and their treatment, with particiularly fine color plates of cellular exudate in the two infections; the etiology of verruga peruviana; recent additions to leprosy; the more recent cumulative evidence of the relationship between malaria and blackwater fever; the new hosts of typhus in South Africa; the biologically different strains of the undulant fever organism *(Brucella abortus);* the radiological diagnosis of urinary schistosomiasis; and recent clinical data on leprosy and yaws. The author is apparently not ready to accept the view that tertiary yaws and syphilis are of the same origin. The proof that the yellow fever organism is a filterable virus has required a restatement of the views expressed on this subject in the previous addition.

The author has retained the valuable appendix on MEDICAL ZOOLOGY, to which a few additions have been made, notably on the life cycles and intermediate hosts of *Clonorchis sinensis* and *Acanthocheilonema perstans.* In the reviewer's opinion, however, space could be saved and the material better coordinated if this appendix were discontinued and the important data incorporated in the body of the book. Likewise certain paragraphs relating to the non-human protozoa (pp. 701-706) could be omitted without injury to the manual.

The following nomenclatural and nosogrographic errors have been noted by the reviewer: (1) the use of the term *"Lozotrema ovatum"* for *Metagonimus yokogawai;* (2) the use of the term *Physaloptera* mordens instead of *P. caucasica* and (3) of *Gigantorhynchus gigas* instead of *Macracanthorhynchus hirudinaceus;* (4) the use of the term *Filaria bancrofti* in place of *Wuhereria bancrofti;* (5) the statement that kala azar occurs in Japan, where it has never been found, and (6) the reference which is made in all manuals of tropical medicine that lung fluke infection occurs in China, although no single endemic infection has been seen in that country. However, the citations as a whole are quite accurate and the nomenclature modern to a degree not usually found in a clinical text.

With only an increase of 26 pages (895 pp. in the 8th edition, 921 pages in the present edition) a very considerable amount of new data has been added. The reviewer marvels at the way in which this has been done. Equally impressive with the additions to the text are the new illustrations, consisting of 4 color plates, 5 full-page half tones, 14 text figures, and one chart. A few of the less important illustrations of the previous editions have been omitted without harm to the book. The volume is of readily usable desk size and is substantially bound. The price ($11.00) is rather steep. Altogether this new addition is a valuable hand-book for any practitioner in warm climates.

ERNEST CARROLL FAUST, Ph. D.

Greffe ovarienne et Action endocrine de l'ovaire: By Vittorio Pettinari. Gaston Doin. 1928. pp. 487.

This is an extensive treatise representing a very detailed and laborious research on the ovary and the physiological action of the hormones on various organs. The author gives a detailed account of experimental grafts, auto- or homoplastic in dogs, rabbits, rats, guinea pigs, monkeys, etc.

The reviewer can scarcely even attempt a comprehensive abstract of such a voluminous work, but can only permit himself a word of commendation and admiration for the patience and diligence of the author in such a tremendous undertaking, resulting in a very interesting and instructive volume.

ADOLPH JACOBS, M. D.

Pediatrics for the General Practitioner: By Harry Monroe, A. M., M. D. Philadelphia, J. B. Lippincott Company. 1929. pp. 606.

The book is printed with a type that is very restful to the eye. There are many illustrations that serve well to make the subject matter clearer but like most textbooks of today there are many hackneyed ones that serve but little to aid the reader to comprehend the subject under discussion. The author gives credit to the men whose cases he cites. The spirit is excellent but the average reader is unacquainted with them and the reviewer feels they might be omitted. The author takes up treatment a little more fully than most textbooks and at the close of some the discussion on treatment there are some very useful prescriptions which the general practitioner always welcomes. At the close of each chapter is a list of references which is always welcome and serves well for those interested in delving deeper into the subject.

This book will serve as a useful reference for the busy practitioner interested in pediatrics. The author and the other men who assist him in this book have the practitioner in mind and in all have admirably accomplished this. Even the specialist in pediatrics will derive a good deal from reading this book. However, the author did not have the specialist in mind and therefore he will find many of the subjects considered by him as important treated very lightly.

JULIAN GRAUBATH, M. D.

What Is Life?: By Augusta Gaskell. Springfield, Ill., Charles C. Thomas. 1928. pp. 324.

In this book the author treats of an old and much discussed subject from an entirely new angle, and presents a theory of life and evolution that is unique in many respects. The theory is built directly upon atomic physics, a field which most biologists are more or less unfamiliar. The hypothesis has many elements of originality and differs widely from previous explanations of the origin of life. An outstanding quality of the author's new concept is that it is subject to experimental test, an unusual feature of theories on this subject.

Whether or not this idea of life will meet with the approval of biologists, reared, as most are, on chemical and morphological explanations, is problematical, but at any rate the new view point is most welcome.

Criticism of this theory can come only from those acquainted with both biology and atomic physics, namely, the bio-physicists. On them, also, will fall the burden of finding the proof.

The book furnishes considerable food for thought and seemingly should stimulate research in the field of bio-physics.

There are two introductions, one by Karl T. Compton, and the other by Raymond Pearl. A glossary of technical terms used is appended.

IRVING E. GRAY, Ph. D.

Old Age: The Major Involution: By Alfred Scott Warthin, Ph. D., M. D., LL.D. New York, Paul Hoeber, Inc. 1929. pp. 199.

This monograph is an excellent exposition of a very important and interesting subject. The author's learned view of the question; his philosophy concerning old age; his review of the theories of senescence; his expose of the fallacy and foolishness of the methods of rejuvenation are convincing, clear and forcible and denotes much study and practical experience with this matter. The biologic periods of human life are given and the characteristic changes occuring in them are enumerated.

I. L. ROBBINS, M. D.

La Reserve Alcaline: By L. Ambard and F. Schmid. Paris, Gaston Doin et Cie, 1928. pp. 154.

In the present study of M. M. Ambard and Schmid have given a brief synthesis of a number of articles concerning the alkaline reserve together with interesting personal observations. The work is divided in two parts, one physiological, the other pathological. Part I deals first with processes involved in the genesis of the alkaline reserve in vitro and afterwards with the demonstration of the intervention of respiration and of the renal secretion in the regulation of the alkaline reserve.

In part II are considered the variations of the alkaline reserve especially in Diabetes, Nephritis, Puerperal eclampsia and Anesthesia. In diabetes and uraemia, although the fall in the alkaline reserve is the usual interpretation of acidosis, there are instances, not infrequent, of patients whose alkaline reserve is normal in the presence of marked acidois. This is especially true in cases of uremia. Under normal conditions the respiratory centers are excited by their normal charge of HCL. In diabetic acidosis, the excess of diacetic and oxybutyric acids acting on the blood chlorides increase the charge of HCL in these centers with their consequent hyperexcitability manifested by increased pulmonary ventilation fall in the CO_2 content of the blood and reduction of the alkaline reserve. From this mechanism however, the authors present a possible variation from the usual course of events: for instance, if in a given patient, for some reason, the blood chlorides should becomes reduced, the picture change completely: since the quantity of HCL in the respiratory centers depends on the quantity of blood chlorides, a reduction of chlorides in the blood will inevitably counteract the effects of diacetic and oxybutyric acid retention. Under these circumstances, a normal or still higher alkaline reserve will prevail regardless of the decided acidosis.

In nephritis the alkaline reserve remains normal in the forms of nephritis which the French call hydropiginous, *i. e.*, nephritis with edema, in which there is no urea retention. In Azotaemic nephritis, so named by Widal, on account of the constant rise in the blood urea, the alkaline reserve is lowered. In the former group, as there is no accumulation of acids in the blood and as the blood chlorides remain well within normal limits, there is no excess of acids in the tissues, consequently there is no cause for hyperactivity of the respiratory centers and the alkaline reserve remains normal. In azotaemic nephritis there seems to be good reason to suspect the presence of acid in the blood, probably HCL. The wide variations of the alkaline reserve depend on corresponding variations in the levels of blood chlorides.

The authors make a decided distinction between chloride retention and sodium retention, hydration or dehydration following respectively retention of either of the two elements; hydration that of sodium, dehydration that of chlorine. In nephritis with edema, sodium is found in combination with chlorine as sodium chloride, in nephritis without edema, chlorine is found in combination with albumins as hydrochlorate of protein, which means an excess of HCL in the albumins; a hyperchloraemia with a deficiency of sodium which the authors describe as "dry chlorine retention", the condition prevailing in nephritis without edema. In dry chlorine retention the kidneys have lost the essential function of retaining the bases and of eliminating the acids: an excess of chlorine is retained and an excess of sodium eliminated. Hence the beneficial effects of a salt-free diet, manifested by a rise in the alkaline reserve, a fall in blood pressure and relief of convulsions which result from excess of HCL in the nervous centers.

In Puerperal Eclampsia, the authors consider the pathogenesis as an acidosis and not a toxaemia, as evidenced by an excess, relative or absolute, of the chlorine charge of the red blood cells which is a decided indication of an excess of HCL in the tissues, causing a fall in the alkaline reserve, hypertention and convulsions. To the incrimination of lactic acid which some authors have attempted to suggest as a cause of puerperal eclampsia, the authors counter that the production of excessive amounts of lactic acid is not the cause, but the result of muscular hyperactivity. Another evidence that the offending acid is HCL is the improvement observed by many obstetricians following a salt free diet in puerperal eclampsia.

Regarding Anesthesia, the authors discuss the danger of inhalation of oxygen or artificial respiration, dangers which are caused by increasing the paucity of CO_2 in the body thereby diminishing the excitation of the respiratory centers already depressed by the anesthetic. They emphasize the well-recognized advisability of performing artificial respiration or the inhalation of oxygen with the addition of a decided percentage of CO_2 to the inspired air or to the oxygen.

To those who wish to study and analyze the variations of the alkaline reserve in physiologic and pathologic problems the work of M. M. Ambard and Schmid will be of decided usefulness.

H. Bayon, M. D.

Treatment of Veneral Disease in General Practice: By E. T. Burke, D. S. O., M. B., Ch. B. (Glas.), New York, Oxford University Press, 1927. pp. 162.

Burke evidently intended his book to be used by men practicing in Great Britain or The British Possessions as most of his drugs are British produced and their names do not sound familiar.

If we are to believe his statement that, "Mercury is found experimentally to have no action upon the treponema pallidum in amounts short of the lethal dose," we will have to attribute the benefits obtained, before salvarsan and bismuth were discovered, to some other cause.

He very forcibly explains that Syphilis in children is congenital and not hereditary.

In his treatment of gonorrhea he is a firm believer in the intravesicle irrigation by the physician for the acute anterior infections as well as the older cases, and recommends vaccines as a routine, strongly advising against the use of a hand-syringe by the patient.

MONROE WOLF, M. D.

Healthy Growth: By Alfred A. Mumford, M. D. New York Oxford Medical Publications, 1927. pp. 384.

The author of this excellent book desires to attack the problem of healthy growth from a different angle from previous methods. The author has in mind the adolescent school boy, whom he feels has not been properly equipped for the great perplexities of later life. He attributes this failure to our possession of inadequate standards of healthy growth, both from the physical and mental standpoint.

Throughout the book, the author endeavors to substantiate his arguments by many elaborate experiments and complicated charts of what he thinks are standards. It is the reviewer's opinion that much of this could be condensed. However, anyone desiring exhaustive information along lines of physical and mental development is recommended to read this book, as it is undoubtedly written in a most delightful style.

JULIAN GRAUBARTH, M. D.

The Climacteric: By Gregorio Maranon; Translated by K. S. Stevens and edited by Carey Culbertson, A. B., M. D., F. A. C. S. First American edition from second Spanish edition. St. Louis, C. V. Mosby Co., 1929. pp. 425.

Because there is so little literature available on the subject of the climacteric this book of Professor Maranon's cannot fail to be received with widespread interest. It is written, as the author states in his preface, from the standpoint of the general practitioner, and it embodies the observations of many years of active work, which are increased in value by the notes of the American editor, Carey Culbertson. The book is too extensive and too comprehensive to be reviewed in detail; it must be read carefully to be appreciated. The author emphasizes the difference between the menopause, which is merely a symptom of the climacteric, and the climacteric itself, which is an epoch caused by a complex endocrine crisis in which the ovarian, the thyroid and the suprarenal glands play the chief part. The relation of other diseases and other symptoms to this epoch are discussed in detail, and a novel feature is the introduction of references to extra-medical literature to illustrate many of the points under discussion. The author is rather more enthusiastic than is the reviewer—or most other American gynecologists, for that matter—about the results of glandular therapy, and particularly ovarian therapy, but for the most part his therapeutic suggestions are rational and sound. At times Professor Maranon gives one the impression that the relation of certain diseases to the climacteric is a coincidence to be expected under the law of averages, rather than a true sequitur, and one wishes, also, for summaries for those chapters which are rather too full of material for easy mental digestion. On the whole, however, the book would seem to have a definite place in a little explored field of gynecologic literature.

It might be added in closing that the author, probably unconsciously for the most part, gives a very interesting picture of the mental and physical habits of Spanish women, which are apparently in sharp contrast to those of women of the Anglo-Saxon race.

C. JEFF MILLER, M. D.

PUBLICATIONS RECEIVED.

Williams and Wilkins, Baltimore: Physiology and Biochemistry of Bacteria, by R. E. Buchanan, Ph.D. and Ellis I. Fulmer, Ph.D.

D. Appleton and Company, New York and London: Principles and Practice of Minor Surgery, by Edward Milton Foote, A. M., M. D. and Edward Meakin Livingston, B.Sc., M. D. Gonorrhea and Kindred Affections, by George Robertson Livermore, M. D., F. A. C. S. and Edward Armin Schumann, A. B., M. D., F. A. C. S.

F. A. Davis Company, Philadelphia: History of Blockley, compiled by John Welsh Croskey, M. D.

The MacMillan Company, New York: Chronic (Non-Tuberculous) Arthritis, by A. G. Timbrell Fisher.

J. B. Lippincott Company, Philadelphia and London: International Clinics, Volume II, 39th Series, 1929.

W. B. Saunders Company, Philadelphia and London: The Neuroses, by Israel S. Wechsler, M. D. The Nose-Throat-and Ear and their Diseases, edited by Chevalier Jackson, M. D., Sc. D., LL.D., F. A. C. S., and George Morrison Coates, A. B., M. D., F. A. C. S.

U. S. Government Printing Office, Washington, D. C.: The Medical Department of the United States Army in the World War, Volume II, Finance and Supply.

The Physiology of Love, by George M. Katsainos, M. D., Ph. D.